

Please provide the following required information pertaining to the access request. Return the completed application to:

WV Offices of the Insurance Commissioner
Attn: Claims Services
PO Box 50541
Charleston, WV 25305

Claims Index Administrator Access Request

Requester Information:

Company Name:	
Company Address:	
City/State/Zip:	
Phone:	
FEIN:	

Administrator Designee:

Name (First, Last):	
Designee Title:	
Email Address:	
Phone:	
Fax:	

Please note that by signing this form the Administrator and Company agree to the following:

1. The Administrator shall provide access only to those persons working on behalf of the Company for the purpose of administering, or adjusting a specific Workers' Compensation Claim;
2. The Administrator shall not share access information (including password) to any individual or entity who is not directly involved in adjusting or administering West Virginia Workers' Compensation Claims, such as attorneys who represent the company in claims litigation, or an entity who might have motivation to use access to the Claims Index for inappropriate purposes;
3. Upon failure to protect access information, all access to the claims index for the designated administrator and company staff shall be revoked, and
4. The administrator will remain solely liable for any claims or causes of action arising against the administrator which allege, in whole or in part, inappropriate or unlawful use of information in the claims index, and further will hold harmless and indemnify the OIC in the event that any such claims or causes of action are brought against the OIC regarding the administrator's access to, or use of, the claims index.

Authorizing signature:		Date:	
Position held with Company:			
Applicant Signature:		Date:	

To be completed by OIC Claims Services

Date Received:	
Date Approved:	
Approved by:	