

OMIA MEMBERS' WEBSITE ACCESS FORM

(Please Print)

A separate access form must be completed for every person that:

- Requires access to the OMIA Members' website
- No longer requires access to the OMIA Members' website
- Needs existing access rights changed

Once completed, email this form to webmaster@omia.com



| USER INFORMATION | | |
|-----------------------|------------|------------|
| First Name: | Last Name: | |
| Email: | Company: | |
| Work Phone: () | Ext: | Job Title: |
| City: | Province: | |

| ACCESS RIGHTS | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Add User | <input type="checkbox"/> Remove User | <input type="checkbox"/> Change Existing Access Rights |
| Add Access Right | Remove Access Right | |
| <input type="checkbox"/> | <input type="checkbox"/> | Qlik (Business Intelligence) - Access to OMIA Business Intelligence Tool Qlik Sense which provides rich and effective visualizations of companies operational and performance data. Qlik Sense generates business insights and leads users to discover hidden business patterns. |
| <input type="checkbox"/> | <input type="checkbox"/> | Statistics - Access to this section of the website is for users that submit statistical files and balance submissions. |
| <input type="checkbox"/> | <input type="checkbox"/> | HR Administrator - For users who provide administration of Benefits, Pension or Human Resources |
| <input type="checkbox"/> | <input type="checkbox"/> | Coverage Library - Provides those in underwriting, adjusting and loss prevention roles with access to coverage wordings, applications, guidelines, rate manuals and other forms related to the business of insurance. |

AUTHORIZATION

I authorize that the named person above be given the access rights marked above to the OMIA Members' website. I understand that I, the undersigned, am responsible for notifying OMIA about any changes to the preceding information, including, but not limited to, the removal of the above person's access rights.

Manager's Name (please print)

Manager's signature

Date

OMIA MEMBERS' WEBSITE INFORMATION AND SYSTEM SECURITY AGREEMENT

In consideration of OMIA allowing my authorized access to the OMIA Members' Website, I fully understand and agree, that:

- I will not disclose to any person my OMIA Members' Website account credentials;
- I will use only the account credentials assigned to me;
- I will not pre-program any account credentials for automatic entry into the OMIA Members' Website;
- I will use the OMIA Members' Website and the information that it contains for the sole purpose of fulfilling my job duties, or covenants set out in separate agreement(s) related to my job duties;
- I will treat as confidential any information of OMIA and any related parties, including but not limited to, the members' of OMIA, and not disclose such information to any other party unless specifically authorized by OMIA, or if such information is publicly available;
- I will not, to the best of my knowledge, through the use of the OMIA Members' Website, infringe or violate the patent, copyright, license or proprietary right of any third party;
- I will immediately advise OMIA of any misuse of the OMIA Members' Website of which I become aware;
- I will take all reasonable steps to prevent the misuse of the OMIA Members' Website;
- I will not alter the OMIA Members' Website or impair the functionality of the OMIA Members' Website or the software and hardware infrastructure that is resides on, in anyway;
- I will take all reasonable steps to ensure the accuracy and completeness of the information that I provide to OMIA;
- I will not collect, use or disclose personal information held by or obtained from OMIA unless specifically authorized by OMIA.
- I have read and I understand the security policies stated above and will comply with them. I understand that the failure to comply with the security policies may result in the removal of my account credentials to the OMIA Members' Website and that my employer will be notified of my actions by OMIA.

**IN WITNESS WHEREOF the undersigned has executed this Agreement on the _____
day of _____, 20__.**

Full Name (please print)

Company (please print)

Signature

Date

I have witnessed the signature of the name above.

Witness' Full Name (please print)

Company (please print)

Witness' Signature

Date

| INFORMATION PAGE | |
|--|---|
| Basic access that everyone gets with OMIA Website Access: | |
| Events: | <ul style="list-style-type: none"> • Annual Conventions • Farm Shows • Golf • P&M • IBAO |
| Education: | <ul style="list-style-type: none"> • Education Calendar • Certification Programs • Roundtables |
| Member Resources | Governance & Solvency <ul style="list-style-type: none"> • Amalgamations • Board Policy • Templates • ERM/ORSA • OMIA • Prudent Portfolio • Solvency Protection |
| | Marketing <ul style="list-style-type: none"> • Marketing Library • Borrow Items |
| | Benefits & Pension <ul style="list-style-type: none"> • Company Benefits • Employee Benefits • Government Benefits • Pension |
| | Health & Safety <ul style="list-style-type: none"> • Health & Safety Documents • Recalls and Alerts |
| | Tools <ul style="list-style-type: none"> • Are You Flood Ready? • AutoRater Tool |
| Secure areas made available with granted access rights: | |
| Coverage Library | <ul style="list-style-type: none"> • Automobile • Commercial/Farm • Residential |
| HR Administrators | |
| Statistics | |