



Client Company Representative Gated Website Authorization Form

Please complete the information below, signifying that you accept responsibility for approving only the appropriate individual(s) of your company to have access to the ING Reinsurance gated website area.

Name:
Title:
Company:
Address (City, State, Zip):
Email Address:
Phone:
Fax:

Please provide the name, title, phone number and e-mail address of employees that you authorize to access your company's gated area of the ING Reinsurance extranet:
(Note: ING Reinsurance will only accept E-mails from these authorized e-mail sources.)

Name:
Title:
Phone:
Email address:

Name:
Title:
Phone:
Email address:

Name:
Title:
Phone:
Email address:

Name:
Title:
Phone:
Email address:

ING Reinsurance will periodically review your Company's current authorized users for gated website access to ensure your company's database integrity and accuracy. The Company's representative completing this Form agrees to abide by the terms and conditions of using the ING Reinsurance website, as published therein, including the limitations with respect to "Ownership and Use of Content" on such site.

Authorizing Signature:	Date:
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Please return this form by fax to Nancy Marjama at 1-860-580-0348