

Sub-Agent Registration Procedure

Requirements:

Before starting the sub-agent registration process, please verify that you have the following handy:

- Legal name, physical address, and valid phone and fax numbers for your company.
- Your company's Tax ID#.
- Your agency's insurance license information, as well as a faxable copy of the document.
- Your agency's E & O policy information, as well as a faxable copy of the document.
- A valid Email address for at least one user in your agency.

Ready? Let's get started.

1. Click on the "Register" tab on the upper right area of the CoverageFirst home page.



2. On the next page, click on the "Obtain an Invitation Code" link.



3. Next, simply fill out the invitation form and click submit.

Obtain An Invitation Code

Please fill out this simple form to request an invitation code to the Coverage company. For security reasons the invitation code will be e-mailed to you once processed. Fields followed by * are required.

Contact Information

Your Name: *

E-mail: *

To be used only for returning you a registration code

Phone Number: () - *

Fax Number: () -

Company Information

Company: *

DBA:

Street 1: *

Street 2:

City: *

State: *

Zip Code: *

4. The next page should give you a confirmation that your request has been submitted. An invitation code will be emailed to you shortly thereafter.

Obtain Invitation Code

Your request has been sent and will be processed as soon as possible

You should receive an e-mail message with your company's invitation code s

- Once you have received your invitation code, go back to the "Register" page and enter it in. Then click "GO".

ENTER INVITATION CODE: 409829684 GO

DON'T HAVE INVITATION CODE? OBTAIN INVITATION CODE

Chat with a customer service representative from 8:30 a.m. to 5:00 p.m., Central Time, Monday through Friday. Or call us during our hours of operation.

- The next pages will walk you through the process of registering your agency. The first page is to review and complete your agency's information and update it as required. Simply fill in the blanks and click Continue.

Welcome Demo Company! Register your Agency

Please update information about your company. Fields followed by * are required.

Company Type: **Agency**

Company Name: Demo Company *

DBA:

Street 1: 123 Main Street *

Street 2:

Street 3:

City: Tulsa *

State: Oklahoma *

Zip Code: 74123 *

Phone Number: (918) 555 - 9999 *

Phone Extension:

Fax Number: (918) 555 - 0000 *

Fax Extension:

Tax Payer ID: 123456789 *

Legal Entity: Corporation *

- Next, enter your agency's license information. When finished, click Continue.

Register your Agency

Please enter your agency's license information. Fields followed by * are required.

License Number: *

License Type: ▼

Issuing State: ▼ *

Expiration Date: *

8. Now enter the agency's E & O policy information.

Register your Agency

Please enter your agency's errors & omissions coverage information. Fields followed by * are required.

Policy Number: *

Expiration Date: *

Limit Per Claim: *

9. The next page is the questionnaire. All the questions need to be answered. Click Continue when finished.

Register your Agency

Please answer these questions about your agency.

1. How many producers are there in your agency?
2. Have you ever had a license denied or revoked by any state (except for failure to pass the initial examination)?
3. Are you, as an agent, indebted to any insurance company, general agent, manager, or broker, or are any of the same claiming that you are indebted to them?
4. Have you filed for bankruptcy, court protection, or reorganization during the past five years, or is any bankruptcy proceeding filed by you still pending?
5. Have you ever been convicted of a felony or disciplined, fined, or censured by a state insurance department or any regulatory body or court?
6. Are you now the subject of any complaint, investigation, or proceeding that could result in a yes answer to any of the previous questions?

10. Almost, done. Please read the Broker Agreement and click I Agree (if you do) to proceed.

Register your Agency

Please read the agreement below carefully. Click **I Agree** to continue the registration process or click **I Disagree** to abort the registration process

BROKER AGREEMENT

This Agreement is between RISK PLACEMENT SERVICES, INC. of Two Pie 60143, dba Coverage First (we, us, our) and **Demo Company of 123 Main S** (you, your).

It is agreed that:

1. All business you place with us will be covered by this Agreement.
↓
13. It is our express intent that you are not our employee for any purpose contractor for all purposes and in all situations. You will not represent employee, nor will you in any manner hold yourself out to be our empl

11. The agency registration process is now completed. Click continue.

Register your Agency

You have now completed registering your company.
In the following section, we will register you as an individual user.

12. The next pages take you through the steps to register an individual user. On the first page you need to enter the user's personal and contact information. When finished, click Continue.

[Register Today](#) [Obtain an Invitation Code](#)

Register to Become a User

Please enter information about yourself. Fields followed by * are required.

User Type: *
 First Name: *
 Last Name: *
 M. I.:
 E-mail Address: *
 Phone Number: () - *
 Phone Extension:
 Fax Number: () -

Yes, I would like to receive updates on what new products and services are now available to me and my agency through CoverageFirst.

13. Finally, the account needs a password. Choose one, re-type it to confirm, and click Continue when finished.

Register to Become a User

Please choose a password for your new CoverageFirst account. Password must be 4 to 20 characters long.

Password:
 Re-type Password:

Note: Your new CoverageFirst "username" will be automatically generated a wizard.

14. You should now have a page thanking you and inviting you to log in. Please note that this page may list additional documents required to complete your registration. The registration process is complete.

Congratulations! Almost done.

Thank you for becoming a CoverageFirst registered user. You can now login to CoverageFirst using the following authentication information:

Username: **User_Demo**
Password: **testtest**

However, before you can bind any business with CoverageFirst you will need to complete the agency approval process. In order to do this you will need to fax us a copy of following documents:

1. Your P&C Insurance License
2. Your E&O Certificate

Our special fax number for this purpose is **1-918-585-1883**.

Save your Invitation Code. You can give this code to other people in your agency and they can use it to sign themselves up as registered users of CoverageFirst. They will be given their own unique login names and password and will enjoy all the interactive features of CoverageFirst including our powerful CoveragePro Placement engine.

Thanks again for registering with CoverageFirst. [Click here to login now!](#)