



UTAH UNINSURED MOTORIST IDENTIFICATION PROGRAM MOTORBOATS COMPANY PROFILE FORM

IMPORTANT NOTES (Please read carefully)

- All fields must be completed. Requests will not be processed if the form is incomplete.
- At least one **BUSINESS** contact and one **TECHNICAL** contact must be provided.
- Use the **GROUP Contacts Section** to add a group/department email in addition to individual contacts.
- If using a 3rd Party Provider, vendor information must be provided in the **3rd Party Company Profile Form**.

GENERAL INFORMATION

GROUP/PARENT COMPANY NAME			
INSURANCE COMPANY NAME			
COMPANY NAIC		BUSINESS TYPE	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial

CONTACTS INFORMATION

Primary Business Contact		Secondary Business Contact	
Phone		Phone	
Email		Email	
Primary Technical Contact		Secondary Technical Contact	
Phone		Phone	
Email		Email	

GROUP CONTACTS INFORMATION

Group/Department	
Email	
Group/Department	
Email	

BOOK OF BUSINESS REPORTING INFORMATION

Preferred Authentication Method	<input type="checkbox"/> Credentials (username/password) <input type="checkbox"/> SSH Public Key (submit as attachment file when returning this form)
External IPs involved with the data transfer (IP blocks or complete subnets are not permitted)	

Submit completed form to: **Natalia V. Pitkin**
Director of Operations
E npitkin@insure-rite.com
C 801-638-8036
O 801-531-0731