



**The Peninsula
Insurance Company**
A Donegal® Insurance Group Company



SOUTHERN MUTUAL
INSURANCE COMPANY

****Agency Principal Web Registration****

Dear Agency Principal:

Your unique Principal User ID will allow you to accurately maintain your agency contact information on our company website. Also it helps us to easily communicate important information to you in a timely manner.

This account will allow you to maintain your contact information and generate User IDs for your employees to access our company website. You will also be able to access Agency Management Reports such as the Monthly Agency Experience Report, Monthly Direct Bill Commission Report, and YTD Claims Incurred Loss along with access to all other functionality of a typical agency web user account.

The security of your information is very important to us and we require you to register to obtain your unique Principal User ID for access to our website and systems.

Please complete and return the attached form to register.

If you have any questions

Please contact Agency Automation Support at 888-640-5840

Monday through Thursday 8:00 AM – 7:00 PM EST

Friday 8:00 Am to 6:00 PM EST



Dear Agency Principal:

Complete this form as instructed below to register your “PRINCIPAL ONLY” Southern Mutual website account. You will be notified when access has been granted.

- This is a personal account that is intended to be used by one individual only.
- **This account is for the principal only and should not be shared with others in the agency.**
- The principal account will have access to all contacts within an Agency.
- The principal account will be given typical access to the agency secure area for only those agency codes listed on this registration form.
- If you want any User ID to have authority to use the EFT Program, an EFT PROGRAM Authorization Form must be completed and faxed to the number listed on the form.

Agency Registration Information (Please complete all fields):

Agency Name & Address			
Your Name:		Your Title:	
Phone Number:		Fax Number:	
E-mail address:			

User Name Information (Please complete all fields):

User Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Instructions	The User Name must be at least 8 characters; this can be a combination of letters and numbers. If the user name that you select exists in our system we will append to make unique.																		
Agency Codes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructions	You must list ALL agency codes for your agency. Include a second sheet if you require more room to enter your codes																		

Return by FAX to (888) 603-3399

or

Mail to: Donegal Insurance Group – Agency Automation Dept. P.O. Box 302, Marietta, PA 17547

I hereby agree to maintain the security of the User ID specified above and its associated password, as required to guarantee that only authorized employees of this agency can access the Agency Services secure area of the www.southernmutual.com website using this User Name and password. I also agree to immediately notify Southern Mutual Insurance Company in the event that this security is compromised in any way.

Agency Principal/Owner Signature: _____ Date: _____

****An Agency Principal Web Registration form is NOT required to give a designated Account Clerk access to commission reports.****