



APPLICATION FOR AUTHORIZATION TO SUBMIT WORKERS'  
COMPENSATION INSURANCE APPLICATIONS TO THE MEMIC GROUP

BOTH THE APPLICANT & AGENCY MUST HAVE AN ACTIVE MAINE LICENSE

**AGENCY INFORMATION**

**PLEASE ATTACH YOUR  
AGENCY W-9**

AGENCY NAME

FEIN #

MAILING ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS

CITY

STATE

ZIP

TELEPHONE #

FAX #

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**APPLICANT (PRODUCER) INFORMATION**

NAME

EMAIL ADDRESS

NATIONAL  
PRODUCER #

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**IF AVAILABLE, PLEASE ATTACH YOUR AGENCY  
EMPLOYEE/CONTACT LIST**

**DATE**

# QuickComp & IVANS Set up

## AGENCY ADMINISTRATOR

**NAME:**

**EMAIL:**

## PRODUCT(S) NEEDED

*please choose option(s) in the dropdown*

## AGENCY ACCOUNT

**AGENCY NAME**

**AGENCY USER ID**

## AGENCY MANAGEMENT SYSTEM

*Name:*

*Version:*

## AGENCY'S DESTINATION ADDRESS

*if applicable*

## AGENCY'S PARTICIPATION CODE

## DATE DOWNLOAD NEEDED

*if applicable*

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*we will try to accommodate*

## PRIMARY CONTACT

*Name:*

*Phone #:*

*Email:*

The Agency Administrator can set up additional users within your organization should someone need access to MEMIC and may also inactivate users should they leave your organization. Our portal is also our gateway for issuing new business submissions. Please also note that sharing of user profiles is prohibited and anyone accessing our portal must have their own unique user ID.