

## Cratchit-NET New Client Information Sheet

Thank you for selecting Systeme Software Inc as your NIPR business partner and Cratchit-NET as your electronic transaction processing system. Please answer ALL questions in ALL sections thoroughly to expedite your setup process. You may edit this document and click the 'Submit by Email' button. If you print and fax the document, please write legibly and submit your form to 215-395-6124. Thank you.

### Information about Your Company

Employees of your company will access the Cratchit-NET system by providing a valid COMPANY ID, as well as their personal USER ID and PASSWORD, which will be created in a later step.

Please tell us about your company. If you have questions, contact helpdesk@cratchitnet.com or phone 215-258-5217

**Company Full Name:**

**Full PHYSICAL address where your company has its main office:**

**Address Line 1:**

**Address Line 2:**

**City:**

**State:**

**Zip Code:**

**Main Telephone Number:**

**Ext:**

**Tax ID Number:**

**NAIC #:**

(If your company is also an insurance provider)

**Legal State of Domicile:**

Systeme Software staff will create an account for you based on this information. Please provide the email address or addresses of the appropriate individual(s) for each item below. This information is critical to the completion of your account profile. Please do not leave any fields blank. If you wish to list multiple emails in any field, separate each complete **email address** with a semicolon. Example: john@mycompany.com;sally@mycompany.com;joanne@yourcompany.com

Administrator: This is the individual who will be responsible for maintaining the account profile on an ongoing basis and will be the primary contact for Systeme. Record the email address(es) to which Updates and general notices should be sent.

Monthly invoices cover the fees for appts/terms, NRL/NRR, PDB, CARR and ALERTS!. To whom should these invoices be sent?

Holding Tank Invoices are invoices for fees charged by states that require pre-payment. Systeme pays the state then bills your company. To whom should Holding Tank invoices be sent?

If you process Non Resident License or Non Resident Renewals the transaction charge will appear on your monthly invoice. Many states have separate fees for NRL/NRR transactions. These fees are prepaid in a way similar to the Holding Tank. To whom should NRL/NRR fee invoices be sent?

## **Authorized Individuals**

Many states require the name of an individual authorized to appoint or terminate for the insurer completing the transaction. The names of these people should be recorded with each state. You may list as many authorized individuals as you like but you must provide at least one. If you provide more than one you will be asked to select the desired individual for each transaction you process. For assistance in locating the names of the individuals authorized for your company, contact the

**Full Name**

**Job Title**

**Telephone #**

**Full address if different than appointing company, otherwise enter 'SAME'**

**Full Name**

**Job Title**

**Telephone #**

**Full address if different than appointing company, otherwise enter 'SAME'**

**Full Name**

**Job Title**

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**Full address if different than appointing company, otherwise enter 'SAME'**

**Full Name**

**Job Title**

**Telephone #**

**Full address if different than appointing company, otherwise enter 'SAME'**

## Carrier (Insurance Provider) Information

List the insurance providers (Carriers) for whom you will be appointing and terminating. You may list as many as you like but you must list at least one. If you list multiple carriers, you will be prompted to select the appropriate one for each transaction you process. This step eliminates the need for you to manually enter this information on each transaction.

**Carrier Name**

**NAIC #:**   
(5 digits max)

**State of Domicile:**

**Tax ID #:**

**Phone #:**

**Address:**

**City:**

**State:**

**Zip Code:**

Several states require additional information about the carrier. If you will be appointing or terminating with this carrier in any of these states, please provide the COMPANY NUMBER for that state. If you do not know the company number please contact the Department of Insurance for that state. If you record incorrect information in these fields transactions processed in that state will fail. Leave the field blank if not applicable.

**CT**  **FL**  **IA**  **LA**  **OK**  **SC**

**TN**  **WA**

These states require the LICENSE NUMBER the carrier holds in that state. If you do not know this number, please contact the Department of Insurance for that state. Cratchit-NET will not allow you to complete a transaction in a state requiring a license number if none has been provided. You may add this information at a later time if desired. The Administrator will have the ability to modify this information from inside Cratchit-NET.

**AR**  **DC**  **GA**  **ID**

**ME**  **MS**  **NJ**  **NM**

**SD**  **VT**

Hawaii is a special case. Hawaii requires BOTH the LICENSE NUMBER and VENDOR ID. The Hawaii Department of Insurance has provided this web site to help you locate this information: <http://www.ehawaii.gov/org/serv/hils>

Use the 'Company Name Search' field to find both license number and vendor id for the carrier.

**HI LICENSE #:**

**HI VENDOR ID:**

If you have more than one carrier, please print this page, complete it for each additional carrier, and submit by fax to Systeme Software at (215) 258-5217.

## **User Information**

For each individual you wish to have access to the Cratchit-NET system provide the information below. An Administrator's account will automatically be created which will be sent only to the user specified as the ADMIN user later in this document.

Each User ID must be unique. You may specify a password for each user or allow Systeme to create one. Users may change their passwords online if desired.

<b><u>User Full Name</u></b>	<b><u>Telephone #/Ext</u></b>	<b><u>Email Address</u></b>	<b><u>Desired Password</u></b>

Additional User IDs can also be created from within Cratchit-NET by the Administrative User.

## **Select Your States**

Indicate the states in which you will be processing transactions by checking the box next to each state. You may add or remove states from within the Cratchit-NET system. If a state does not appear on the list, that state is not accepting electronic transactions at this time.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Louisiana	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Maine	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wyoming
<input type="checkbox"/> California	<input type="checkbox"/> Michigan	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Delaware	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Carolina	
<input type="checkbox"/> Dist of Col.	<input type="checkbox"/> Montana	<input type="checkbox"/> South Dakota	
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Tennessee	
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Texas	<input type="checkbox"/> <b>ALL States Offered</b>
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Utah	No need to check every box if you wish to select all states.
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Vermont	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Virginia	
<input type="checkbox"/> Kansas	<input type="checkbox"/> New York	<input type="checkbox"/> Washington	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia	<input type="checkbox"/> <b>ALL States EXCEPT Those Selected</b>

In case we need to contact you for additional information, please enter the name, telephone number, and email address of the person who has completed this form.

**Name:**

**Phone:**

**E-mail:**

When you are satisfied with your information, click the button below. Your information will be forwarded by email to Systeme Software at [helpdesk@cratchitnet.com](mailto:helpdesk@cratchitnet.com). We recommend you print and retain a copy of your document for your records.

Once again, thank you for selecting Systeme Software and we look forward to working with you.