

## FNOL Account Setup Sheet Internet Claim Reporting

Account Information (Required)
Account Name: Account Acronym (if applicable): Account Policy Number: Account Address 1: Account Address 2: Account City, State, Zip Account Main Contact Title: Account Main Contact phone number:

**Required User IDs for Claim Capture Internet Reporting** (attach an additional sheet if you need more space)

Name: Phone: E-mail Address:	Name: Phone: E-mail Address:
Name: Phone: E-mail Address:	Name: Phone: E-mail Address:
Name: Phone: E-mail Address:	Name: Phone: E-mail Address:
Name: Phone: E-mail Address:	Name: Phone: E-mail Address:
Name: Phone: E-mail Address:	Name: Phone: E-mail Address:

Completed by (required):  
Phone (required):  
Date:  
Signature:

E-mail completed form to [internetnoi@amcomp.com](mailto:internetnoi@amcomp.com)