

New User Set-up Lease Insurance Portal

Developed for Members of NationalLease



Upon completion of this form, please return it to the Allen Insurance Group via fax or email. You will be contacted within 72 hours from the receipt of this document and provided with a user name and password (as chosen and indicated below) for access to the online Lease Insurance Portal. Also, please don't forget to provide us the physical address for each individual location within your company, as indicated on page two and three of this form. Users will only be authorized to access the locations you specify. If you would like for a user to have access to all locations, enter "all" in the space provided for the location #.

COMPANY NAME/ADDRESS (Headquarters) Requires a Physical Address			
CONTACT NAME			
PHONE NUMBER			
EMAIL ADDRESS			
TIME ZONE			
NAME & PHYSICAL ADDRESS OF SYSTEM ADMINISTRATOR <i>Person responsible for managing users and access to Lease Portal Pro</i>			
PHONE NUMBER		USER NAME	
EMAIL ADDRESS		PASSWORD	
ADDITIONAL USER #1		ADDITIONAL USER #2	
NAME		NAME	
LOCATION # <i>from page 2</i>		LOCATION # <i>from page 2</i>	
USER NAME		USER NAME	
PASSWORD		PASSWORD	
EMAIL ADDRESS		EMAIL ADDRESS	
ADDITIONAL USER #3		ADDITIONAL USER #4	
NAME		NAME	
LOCATION # <i>from page 2</i>		LOCATION # <i>from page 2</i>	
USER NAME		USER NAME	
PASSWORD		PASSWORD	
EMAIL ADDRESS		EMAIL ADDRESS	
ADDITIONAL USER #5		ADDITIONAL USER #6	
NAME		NAME	
LOCATION # <i>from page 2</i>		LOCATION # <i>from page 2</i>	
USER NAME		USER NAME	
PASSWORD		PASSWORD	
EMAIL ADDRESS		EMAIL ADDRESS	

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

TOTAL NUMBER OF UNITS

DATE

ALLEN INSURANCE GROUP, INC.

(800) 922-5536 TOLL-FREE · (478) 825-5566 DIRECT · (478) 825-3291 FAX · postmaster@allenins.com EMAIL

Company Locations:

Please include the name, physical address (not P.O. Box), city, state and zip code for each location below:

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