



# Agency Internal Setup

Please provide the information below to initiate the KEMI setup process for your agency.

## Agency Information

Agency Name \_\_\_\_\_

Agency Federal Identification Number (FEIN) \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Agent Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Kentucky DOI License Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## KEMI.com Agency Administrator Designation

KEMI does not appoint agents. Agents licensed in the state of Kentucky can do business with KEMI but must be added to our internal database before registering for KEMI's online services. The first step to establishing this access is to designate a KEMI.com administrator. The Account Holder's administrator is responsible for creating and maintaining the security of all existing and new authorized user name(s) and password(s). In addition, the designated administrator shall have the rights to grant and revoke authority for the Account Holder up to, but not exceeding, the administrator's own rights.

Registered agency users may access the agency's book of business, obtain quotes, apply for coverage, view policy details, submit payments, and more. Agency administrators have all the privileges granted to registered agency users. Additionally, administrators may promote or demote other administrators, and may also access the Contingent Commission Dashboard.

The Account Holder and all authorized users of the Account Holder are bound by the terms and conditions set forth in the Terms and Conditions of Use Agreement.

Check here if you wish to designate someone **other than** the Agent Contact listed above to serve as the KEMI.com Administrator. We will email the designated administrator with instructions on how to complete their KEMI.com registration.

Name of Designee \_\_\_\_\_

Email Address \_\_\_\_\_

**Please send this completed form as an attachment to [agencysetup@kemi.com](mailto:agencysetup@kemi.com).**

**You may also mail the form to P.O. Box 12500  
ATTN: KEMI Agency Setup, Lexington, KY 40583-2500.**

*It is the responsibility of the agency to notify KEMI of any changes relating to the information on this form.*



# Agency Commission Setup

## Electronic Funds Transfer (EFT) Authorization for Direct Deposit of Agency Commission

Action:      Enroll                      Change

Type of Account:      Checking                      Savings                      Other

Name as it Appears on Bank Account \_\_\_\_\_

Name of Banking or Financial Institution \_\_\_\_\_

ABA or Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

City / State / Zip of Banking or Financial Institution \_\_\_\_\_

Phone for Banking or Financial Institution ( \_\_\_\_\_ ) \_\_\_\_\_

How would you like to be notified when a deposit is processed?                      Email                      Mail

**IMPORTANT:**

**Please include the following items with this completed form:**

- **Voided check, deposit slip or other bank document**
- **Agency W-9 Form**

**Your request cannot be processed without this information.**

### Authorized Agreement for Direct Deposit via Electronic Funds Transfer (EFT)

By signing below, I hereby authorize Kentucky Employers' Mutual Insurance (KEMI) to automatically initiate credit entries to my account at the financial institution named above. I further authorize the financial institution to accept these credit entries and post them to my account. I understand that if corrections in the credit amount are necessary it may involve adjustments (credit or debit) to my account, and I hereby authorize such corrections. I understand that both the financial institution and KEMI reserve the right to terminate my participation in this direct deposit program. I also understand that I may discontinue enrollment at any time with written notice to KEMI, after allowing KEMI and the financial institution a reasonable amount of time to act upon my notification.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this completed form as an attachment to [agencysetup@kemi.com](mailto:agencysetup@kemi.com).**

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ATTN: KEMI Agency Setup, Lexington, KY 40583-2500.**

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