Thank you for showing interest in MSIG’s Consolidated Reporting System (CRS) and Claim Inquiry System (CI). Please be advised, MSIG1 provides access to these systems at its discretion for policyholders and brokers. Use of and access to CRS and CI is governed by the terms and conditions for use of these systems and the MSIG website.

**To enroll and access claim information please provide at least one of the following:**

Account Number(s): Grants access to claim information for all policies under the account number(s) listed

Policy Number(s): Grants access to claim information only for the specific policy number(s) listed

Producer Code(s): Grants access to claim information for all accounts/policies for each client (access for brokers only)

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Information | | | | |
| Company Name | |  | | |
| Address | |  | | |
| City/State/Zip | |  | | |
| \*Account Number(s) | |  | | |
| \*Policy Number(s) | |  | | |
| \*Producer Code(s) | |  | | |
|  | | | | |
| User Information: | | | | |
| First Name | |  | | |
| Last Name | |  | | |
| Work Phone | |  | Work Cell |  |
| Work Email | |  | | |
|  | When completed, please email the form to [NUDSupport@msigusa.com](mailto:NUDSupport@msigusa.com).  Thank you. | | | |

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