



CRS & Claim Inquiry System Registration Form

Thank you for showing interest in MSIG USA's Consolidated Reporting System (CRS) and Claim Inquiry System (CI). Please be advised, MSIG USA 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 USA 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 Email:

When completed, please email the form to NUDSupport@MSIG-NA.com. Thank you.

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