REQUEST FOR INTERNET SECURITY
TO REPORT CLAIMS

Please complete a separate form for each person who will be reporting claims through the Internet.

Parish/Agency Information

Parish or Agency Name: _____

Address: _____

City, State, and Zip Code: _____

Risk Management Location Number or Numbers: _____
(Note-Since security is determined by location, if you are unsure about your location number/s please contact the Office of Risk Management.)

Individual Requesting Access

Name: _____

Email Address: _____

After you have completed this form, send it to:

> Office of Risk Management
> 20 Archbishop May Dr.
> St. Louis, MO 63119-5738

After the above information is processed, you will receive instructions from Gallagher Bassett Services, Inc. for Internet reporting.