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ELECTRONIC CORRESPONDENCE AUTHORIZATION

In order to receive electronic correspondence from FUBA Workers' Comp, I understand that it is my responsibility to make sure my agency maintains a current email address on file with FUBA Workers' Comp. If my agency's designated email address changes and I fail to notify FUBA Workers' Comp of the new address, I agree that FUBA Workers' Comp is not responsible for failing to provide me with electronic copies of any policies/cancellations/reinstatements/endorsements/claims information for my clients.

I am aware that the electronic copy of any policies/cancellations/reinstatements/endorsements/claims information will be the only copy my agency will receive and that hard copies will not follow via US mail.

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Agency Address _____
PO Box or Street Address City, State Zip

Name of contact to receive email _____

Email address of contact _____

Authorized Signature

Date