

Dear Valued Policyholder,

Thank you for choosing ICW Group for your workers' compensation insurance, which includes Insurance Company of the West and Explorer Insurance Company. We hope you're interested in **"Going Green"** to save time and trees by using electronic documentation. To get started, just complete the form below and click the "Submit this form" button to email Edocuments@icwgroup.com, or sign and fax to 858.369.7702.

I agree to receive mailings and communications electronically, and acknowledge that such communications may include information regarding cancellation or nonrenewal notices. (* indicates required items)

*Named insured: _____

*Principal or officer: _____ *Title: _____

*Email address: _____ *Date: _____

Signature *(required if form is printed and faxed)*: _____

By accepting this Agreement, you acknowledge that you've read, understand and agree to the terms & conditions stated below.

[Submit this form!](#)

Please read the following important terms & conditions concerning E-Documents

Your Consent of Electronic Delivery of Disclosures and Notices

You agree that ICW Group and your Agent can provide information related to your insurance policy or any other document in electronic format, which by law may be delivered in electronic format, until you withdraw your consent. You understand that your signature, above, is legally binding, whether electronic or signed on paper. Electronic documents (E-Documents) have the same legal effects as printed ones and may include, but are not limited to:

- Applications for coverage
- Policy contract, declarations and endorsements
- Bills or invoices
- Disclosures and other important notices

Note: Only a principal or officer of the named insured may elect to participate in the E-Document program. Additionally, only one principal or officer can be set up to receive E-Documents. Some policy documents will continue to be sent through US mail as required by law. You will be unenrolled if one of the following occurs: You are no longer a principal or officer of the named insured on this policy, or another principal or officer removes the policy from E-Documents or elects to take over the E-Documents delivery.

Updating Your Information

It's your responsibility to provide true, accurate and complete email address, contact, and other information, and to maintain and to promptly update any changes in your information. To update your information, simply notify your Agent and copy us at EDocuments@icwgroup.com (or call 888-465-2929). Provide your name, policy number, mailing address, daytime telephone number and a description of the type of change you're requesting. There are no conditions, consequences or fees associated with your update.

Withdrawing Consent

You may terminate your consent to receive E-Documents at any time, by notifying your Agent and copying us at EDocuments@icwgroup.com (or call 888-465-2929). After the termination is processed by us, all future documents (as described above) will be provided to you in paper form. Withdrawing consent doesn't affect the legal enforceability of documents or bills provided to you electronically prior to termination. There is no charge for terminating your E-Document consent.

Requesting Paper Delivery of Disclosures and Notices

You have the right to receive a paper copy of forms, notices and other communications described above. There is no cost to you! If you wish to receive a paper copy, please provide your name, mailing address, daytime telephone number, and the item you wish to receive to your Agent.

Document Viewing Requirements

By providing your consent, you're also confirming you have the hardware and software to receive and review electronic records, and you have an active email account. This includes:

- A personal computer or other device that can connect to the Internet and browse web pages.
- The ability to open and read Portable Document Format (PDF) and MS Word files.
- An active email address with the ability to receive emails and attachments.