

Progressive Add/Delete User Form for ISupplier

Instructions: This form must be filled out and signed by an Authorized User already on the account with the Claims ISP Manager responsibility. If the Authorized User is no longer employed, the owner of the company must complete the form.

Submit the form using one of the below options.

1. **Email to:** isuppliersupport@progressive.com
2. **Fax to:** 440-603-5560, Attn: Supplier Maintenance
3. **Mail to:** Progressive Insurance
Attn: Supplier Maintenance
PO Box 94505
Cleveland, OH 44101

Requestor Information

Supplier Name: _____

Supplier Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Progressive Supplier #: _____ Tax ID# _____

Add User Information

Full Name: _____
First *Last* *M.I.*

Email Address: _____

Phone: _____

- User Access: **Claims ISP Manager** – Manage Bank Account Information + View Payment Information
 Claims ISP Inquiry – View Payment Information Only

User ID (Office Use Only): _____

Delete User Information

Full Name: _____
Last *First* *M.I.*

Delete Date: _____

Authorized User Information

Authorized User Name: _____ Title: _____

Authorized User Signature _____ Date: _____