



## **Juris Global Intake User Access Request Form**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Lines of Business

Workers' Compensation

Liability (other than Auto)

Property

Auto (Liability and Physical Damage)

District or Authority Name \_\_\_\_\_

**Please email the completed form to [Office@TWCARMF.org](mailto:Office@TWCARMF.org).**