Policyholder Administrator Responsibilities Agreement

1. Policyholder hereby appoints the following employee(s) to be an "Administrator" for all usernames/IDs and passwords provided for use of MyZenith® by the Policyholder's Authorized Persons:

A) Name: _____ Title: _____
Address: _____
Phone: _____ Facsimile: _____
E-mail: _____

B) Name: _____ Title: _____
Address: _____
Phone: _____ Facsimile: _____
E-mail: _____

2. The Administrator understands and acknowledges that MyZenith contains claims information, including non-public personal and medical information. As such, the Administrator shall have the following responsibilities, which may be amended from time to time, and shall comply with all other rules and procedures provided by Zenith Insurance Company ("Company") from time to time:

(a) assign MyZenith usernames/IDs soley to employees expressly authorized by the Policyholder and who have a business need due to such person's job title and duties with the Policyholder to have access to MyZenith (each, an "Authorized Person");

(b) maintain an Excel log of IDs and staff name/e-mail data for the Policyholder's Authorized Persons (Company will provide the initial electronic log of existing usernames/IDs), and make the Excel log available to Company staff as requested;

(c) follow all Company rules and procedures pertaining to MyZenith usernames/IDs, including the User Terms set forth in MyZenith;

(d) provide new Authorized Persons with a written copy of the applicable User Terms, and inform them that they will be required to electronically 'accept' the User Terms the first time they sign into MyZenith;

(e) ensure security of MyZenith user passwords;

(f) ensure proper training before a new Authorized Person begins to use MyZenith, including any features or services, such as Zenith Solution Center, that may be available through MyZenith;

(g) promptly terminate/expire a user ID (within five business days) when the Authorized Person is no longer an employee of the Policyholder; no longer needs or is no longer authorized by the Policyholder to access MyZenith; is no longer a resident of the United States; or whenever an Authorized Person's username/ID or password is compromised, lost, stolen or used by an unauthorized person, and whenever instructed by Company;

(h) assist Company in auditing Policyholder's compliance with all requirements regarding issuance, maintenance and use of MyZenith usernames/IDs, passwords, and the Policyholder's use of any features or services available through MyZenith; and

(i) promptly notify Company in the event of any breach of security regarding usernames/IDs, passwords or use of MyZenith, and if the Policyholder's Administrator can no longer perform their duties.

3. By signing below, Policyholder hereby notifies Company that it appoints the Administrator(s) named below to perform the responsibilities as stated above, and each Administrator hereby agrees to perform such responsibilities, until Company is otherwise notified in writing by the Policyholder or Administrator.

Intentionally blank. Signature page follows.

POLICYHOLDER

Policyholder/Insured Name: _____
By: _____
Name (print): _____
Title: _____
Date: _____

ADMINISTRATOR A:

By: _____
Name (print): _____
Date: _____

ADMINISTRATOR B:

By: _____
Name (print): _____
Date: _____