



TRACKING SUCCESS

The Vendor Registration Process


myCOI's Vendor registration takes approximately five minutes to complete. The Vendor will set-up its sign-in information and provide some basic contact information for its insurance agent.

From here, the Vendor will not be contacted by myCOI unless its agent is not responsive to our requests. This five minute registration process is intended to replace the hours of frustration a Vendor can experience when it is placed in the middle of communications between its agent and a compliance administrator.

The screenshot shows an email from myCOI to 'Sample Company, LLC'. The email header includes the myCOI logo and the company name. The main body of the email contains the following text:

Sample Company, LLC

Please Register Today!



Demo Account has requested that you join their online certificate of insurance tracking portal.

To register, please click the link below. If you have already signed up for a company other than Demo Account, you may use the same username/password.

[Click Here to Register!](#)

You are receiving this message because your contract with Demo Account requires that you submit a Certificate of Insurance. Demo Account is using this system to make the process more efficient for all people involved, including you.

Account Setup

To register, all you need is an internet connection and less than 5 minutes. During registration, all of your insurance agent(s) contact information will be collected.

Agent Information Required:

- Name
- Address
- Phone Number
- Email Address

Benefits to You

- Certificates of insurance are collected directly from your insurance agent so that you are able to use the time you would otherwise be spending managing certificates focusing on your business.
- If your agent does not submit a compliant certificate in a timely manner, you will be notified.


Further Questions

You may visit our [Knowledge Base](#) to view frequently asked questions and other support articles. If you have a specific question, please email or call us using the contact information below.

Thank you for your participation,
Your Name
Title

myCOI | www.mycotracking.com
(888) 692-6448 ext 105
support@myCOITracking.com

If you cannot click on the "Click Here to Register" link above, copy and paste this link into your internet browsers address bar:
<https://secure.mycotracking.com/Communication/VendorRegistration.aspx?code=405aa2400c6641aaa6f209940c5a580d>

powered by

www.mycotracking.com

The process begins with your Vendor receiving a registration invitation from myCOI. Selecting the "Click Here to Register" link will begin take the vendor directly to the registration page.

myCOI Tracking Success. (888) 692-6448 | [Get help](#)

1 Registration 2 Contact Information 3 Insurance Agents 4 Confirm Registration

Please create a new account or log in

To complete this registration you will need the following information about your insurance agent(s):

- Agent name
- Agency name
- Agency address
- Agency phone number
- Agent email address
- Policy lines written by your agent

If you do not have the above information, you should contact your insurance agent before proceeding.
[Why am I being asked to register?](#)

I need to create a new account with myCOI

USERNAME

PASSWORD

CONFIRM PASSWORD

[Forgot your username or password?](#)

I already have an account with myCOI and want to log in with it

USERNAME

PASSWORD

Password must be at least 8 characters and must contain:

- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number or special character (e.g. !, ?, *, etc.)

[Help](#)

[Next >](#)

The first page of the registration wizard will ask the Vendor to set up a user name and password.

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1 Registration 2 Contact Information 3 Insurance Agents 4 Confirm Registration

Set Your Security Question & Answer

If you should ever forget your password and need to reset it, you will be asked to provide the answer to your chosen security question.

SECURITY QUESTION •

What was your childhood nickname?

What was your childhood nickname?

What is the name of your favorite childhood friend?

What is your oldest sibling's birthday month and year? (e.g., January 1900)

What is your oldest sibling's middle name?

What was your childhood phone number including area code? (e.g., 000-000-0000)

What was the name of your first stuffed animal?

What was the last name of your third grade teacher?

What is your youngest brother's birthday month and year? (e.g., January 1900)

In what city or town was your first job?

What is the name of a college you applied to but didn't attend?

[Help](#)

[< Back](#) [Next >](#)

The Vendor will then set a security question.

The Vendor's basic contact information is next.

Your Contact Information

This is the person from your organization to whom myCOI will send notification regarding your compliance status.

* Indicates a required field.

COMPANY NAME *

FIRST NAME *

LAST NAME *

ADDRESS 1 *

ADDRESS 2

CITY *

COUNTRY *

UNITED STATES

STATE/PROVINCE *

ALASKA

POSTAL CODE *

PHONE *

EXT: _____

SECONDARY PHONE

EXT: _____

FAX *

I DON'T HAVE A FAX NUMBER

EMAIL *

COMPANY TAX ID

YEAR COMPANY STARTED

DO YOU HAVE EMPLOYEES IN THE FOLLOWING STATES? (CHECK ALL THAT APPLY)

[WHAT'S THIS?](#)

NORTH DAKOTA OHIO WASHINGTON WYOMING

Help

Followed by the agent's contact information

Agent Contact Information

1 Registration 2 Contact Information 3 Insurance Agents 4 Confirm Registration

This is the person we will contact to provide certificates of insurance for the policy lines you indicate on the right. You may need to call your insurance agent to get this information.

* Indicates a required field.

AGENT NAME *

AGENCY *

ADDRESS 1 *

ADDRESS 2

CITY *

COUNTRY *

UNITED STATES

STATE/PROVINCE *

ALASKA

POSTAL CODE *

PHONE *

EXT: _____

ALTERNATE PHONE

EXT: _____

AGENCY FAX

AGENCY EMAIL *

Select the types of insurance this agent writes for you:

- GENERAL LIABILITY
- AUTOMOBILE LIABILITY
- UMBRELLA/EXCESS
- WORKERS COMPENSATION
- PROPERTY INSURANCE
- PROFESSIONAL LIABILITY
- POLLUTION / ENVIRONMENTAL
- CARGO LIABILITY
- LEASED EQUIPMENT
- RIGGER'S LIABILITY
- BAILEE'S CUSTOMERS GOODS
- INSTALLATION FLOATER
- WAREHOUSE LIABILITY
- BUILDER'S RISK
- STOP GAP
- LIQUOR LIABILITY
- BOILER & MACHINERY

I HAVE A WORK COMP WAIVER/CLEARANCE

< Back Add Another Agent I'm Done >

Help



Including the agent's correct email address and selecting the correct types of insurance the agent or agents write is critical to myCOI's success in obtaining the necessary insurance documents.

Finally, if your Vendors will be required to pay to participate in the program, the Vendor will arrive at the payment screen.

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1 Registration 2 Contact Information 3 Insurance Agents 4 Billing/Payment

Payment

Annual Membership \$19.95

CARD TYPE
 Visa MasterCard Discover Amex

CARD NUMBER

EXPDATE
1 2012

SECURITY CODE

Payment Address

NAME ON CARD

BILLING ADDRESS

BILLING CITY

BILLING COUNTRY
UNITED STATES

BILLING STATE/PROVINCE
ALASKA

BILLING POSTAL CODE

< Back Next >

Help

This completes the myCOI registration process!

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1 Registration 2 Contact Information 3 Insurance Agents 4 Confirm Registration

Thank You for Registering with myCOI

What happens next?

We will contact your insurance agent(s) shortly to begin requesting certificates of insurance for Demo Account (unless you are self-insured). Please let your insurance agent(s) know that we will be emailing them from the email address CertificateRequest@myCOIsolution.com to request certificates of insurance and that their response is required in order for us to report your compliance.

If you have any further questions about this process, or would like to give us feedback, please email us at support@myCOItracking.com or call us at 888-692-6448 x105.

Does your company track Certificates of Insurance? Would you like an easier way to complete the task?
[Request a demo today!](#)

For security purposes we suggest closing your browser window.

< Back Next >

Help