DATA EXPORT REQUEST

Xactware Solutions, Inc. (“Verisk”) has entered into an agreement with Estimate AI Solutions (“Vendor”) to facilitate the transfer of data from Xactware’s products (i.e., Xactimate, XactAnalysis, etc...) to Vendor’s products for shared customers.

Certain members (“Service Providers”) of (“Company”) supply chain are currently shared customers of Xactware and Vendor.

Company has requested that Xactware transfer certain claims and estimate data (“Claims Data”) to Vendor to facilitate Service Providers’ use of Vendor’s products.

Please grant access to the Estimate AI Solutions tool within Xactimate

Per request of _____, At _____

Name of Xactware data set_____

AUTHORIZATION, RELEASE, AND HOLD HARMLESS

Company hereby generally authorizes Xactware to export Claims Data to Vendor on behalf of Company’s Service Providers. In reliance on Company’s authorization and at Company’s request, Xactware agrees to transfer Claims Data to Vendor on behalf of Company’s Service Providers.

Xactware will cease transferring Claims Data to Vendor on behalf of all Service Providers if:

1. Company notifies Xactware in writing to stop transferring the Claims Data to Vendor;
2. Xactware’s agreement with Company or Vendor terminates.

Xactware will cease transferring Claims Data to Vendor on behalf of a specific Service Provider if:

1. Company notifies Xactware in writing to stop transferring the Claims Data to Vendor on behalf of that specific Service Provider;
2. The specific Service Provider notifies Xactware in writing to stop transferring the Claims Data to Vendor on that specific Service Provider’s behalf; or
3. Xactware’s agreement with that specific Service Provider terminates.

Company acknowledges and agrees that Xactware is not responsible for Vendor’s use of the Claims Data. Company hereby releases and agrees to hold harmless Verisk from and against any and all claims, causes of action, demands, damages, liabilities, losses, costs, expenses, and fees whatsoever, in law or equity, before any administrative agency or judicial tribunal, relating to or arising from Vendor’s access to and use of the Claims Data.

The person signing this authorization on behalf of Company represents that she or he has been duly authorized to do so.

Agreed and accepted by:

CAG
[Company Address]
[Company City, State, Zip]

Name: _____

Signature:

_____

Title: _____

Date: _____