



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

state purchasing

We serve those who serve Florida

Attachment G
Broker Information Form
ITB No: 2-84131600-W

Respondent: _____

FEIN: _____

Response/Insurance Policy Administration

Please identify the person who is to be responsible for administering the Insurance Policy on your behalf if award is made, and include an emergency contact phone number.

Name: _____

Title: _____

Street Address: _____

E-mail Address: _____

Phone Number(s): _____

Fax Number: _____

Emergency Number: _____

If the person responsible for answering questions about the solicitation is different from the person identified above, please provide the same information for the person responsible for answering questions about the solicitation.

Name: _____

Title: _____

Street Address: _____

E-mail Address: _____

Phone Number(s): _____

Fax Number: _____

Please type information for ease of readability.