



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

state purchasing

We serve those who serve Florida

Attachment G  
Broker Information Form  
ITB No: 13-84131600-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.**