Department of MANAGEMENT SERVICES
We serve those who serve Florida

Solicitation No: 21-84131512-ITB
EDPE Insurance
Attachment H
Broker Information

Bidder: _____

FEIN: _____

Bid/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 Bidder's Bid is different from the person identified above, please provide the same information for the person responsible for answering questions about the Bidder's Bid.

Name:_____

Title:_____

Street Address: _____

E-mail Address: _____

Phone Number(s): _____

Fax Number: _____