Excess Line Association of New York
Electronic Filing System

Excess Line Broker Administrator Security Profile

Excess Line License Number: EX- _____

Excess Line Broker Name: _____

Excess Line Broker Address: _____
Street Address

_____ _____ _____
City State Zip

Excess Line Broker Telephone: _____

ELANY Annual & Monthly Reports will also be returned electronically

Primary Administrator:

Name: _____

Phone #: _____Fax #:_____

Email: _____

Secondary Administrator (if applicable)

Name: _____

Phone #: _____Fax #:_____

Email: _____

==========ELANY USE ONLY ==========

Entered in Client App: _____ EOP Return Pref. _____ ImageRight: _____

Profile Created/Admin ID: _____ PIN Code Assigned by Broker: _____

Status: _____ Date: _____ Entered by _____

Notes/Comments:_____