



**Excess Line Association of New York**  
**Excess Line Broker Administrator Security Profile**

**Excess Line Brokerage Details**

\*Excess Line Brokerage License Number: EX- \_\_\_\_\_

\*Excess Line Brokerage Name: \_\_\_\_\_

\*Excess Line Brokerage Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\*Excess Line Brokerage Primary Telephone: \_\_\_\_\_

\*Is the Excess Line Brokerage a wholesaler or retailer? \_\_\_\_\_

\*Does / will the brokerage use third-party vendors for E&S filings with ELANY? ☐ Yes ☐ No

If yes, name of third-party vendor is required: \_\_\_\_\_

**Administrator Details**

**\*Primary Administrator**

(The Primary Administrator **must** be an employee of the brokerage.)

\*Name: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

\*Email: \_\_\_\_\_

**Secondary Administrator**

(if applicable)

\*Name: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Is the Secondary Administrator (choose one): ☐ An employee of the brokerage  
☐ An employee of a third-party vendor who does / will do E&S filings for the broker

\* Required Fields

**Please email completed form to [ELANYHelpdesk@elany.org](mailto:ELANYHelpdesk@elany.org). Thank you.**