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 access to ELANY's portal is conditioned upon compliance with of the Terms of Use and Privacy Policy (www.elany.org/privacy-policy) as amended by the Portal Addendum ((https://www.elany.org/portal-addendum-policy).

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. Thank you.

V 20260717