NY STATE DEPARTMENT OF FINANCIAL SERVICES
SUMMARY OF PURCHASING GROUP INFORMATION ANNUAL UPDATE FORM
AS OF JANUARY 1, _____

PG NAME: _____

ADDRESS: _____ PG DOMICILE: _____

_____ CONTACT: _____

_____ PHONE: _____

_____

EMAIL ADDRESS: _____

LINE OF BUSINESS: _____

_____

BROKER/AGENT NAME: _____

BROKER/AGENT LIC #: _____

BROKER/AGENT NAME: _____

BROKER/AGENT LIC #: _____

EXCESS LINE BROKER NAME: _____

EXCESS LINE BROKER LIC #: EX _____

INSURER NAME: _____

NAIC # _____

DATE NAMED: _____

INSURER CONTACT NAME: _____

INSURER CONTACT PHONE: _____

INSURER CONTACT EMAIL: _____

PG NAME: _____

INSURER NAME:_____

NAIC # _____

DATE NAMED: _____

INSURER CONTACT NAME: _____

INSURER CONTACT PHONE: _____

INSURER CONTACT EMAIL: _____

INSURER NAME: _____

NAIC # _____

DATE NAMED: _____

INSURER CONTACT NAME: _____

INSURER CONTACT PHONE: _____

INSURER CONTACT EMAIL: _____

INSURER NAME: _____

NAIC # _____

DATE NAMED: _____

INSURER CONTACT NAME: _____

INSURER CONTACT PHONE: _____

INSURER CONTACT EMAIL: _____

Person completing this form: _____

Name: _____

Email address: _____

Title: _____