



Please complete and save this form to your desktop. Log on to [My Vertafore](#) to create a case for carrier addition. Attach the completed form to the case. Please allow up to ten business days for inclusion into the BenefitPoint product library.

Brokerage/Consulting Firm Information

Brokerage/ Consulting Firm Name:

Your Name:

Vertafore ID:

Direct Telephone Number:

Email Address:

Carrier/ Vendor Information

1 Carrier/ Vendor Firm Name*:

Carrier Website*:

Type of Request:

Carrier/ Vendor Type:

Address:

**Required*

2 Carrier/ Vendor Firm Name*:

Carrier Website*:

Type of Request:

Carrier/ Vendor Type:

Address:

**Required*

3 Carrier/ Vendor Firm Name*:

Carrier Website*:

Type of Request:

Carrier/ Vendor Type:

Address:

**Required*

4 Carrier/ Vendor Firm Name*:

Carrier Website*:

Type of Request:

Carrier/ Vendor Type:

Address:

**Required*

5 Carrier/ Vendor Firm Name*:

Carrier Website*:

Type of Request:

Carrier/ Vendor Type:

Address:

**Required*