

# Broome Co-operative Insurance Company

1923 Vestal Parkway East, PO Box 1280  
Vestal, NY 13851  
Phone: 607-321-2655  
Fax: 607-321-2644  
www.bicny.com

## New Agent/Broker Application Form

If you are a licensed independent agent or broker in New York State interested in writing business with Broome Co-operative Insurance Company, please fill out this form and mail it to the address below. A representative from our company will be in contact with you. Thank you for your interest in our company.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Federal ID # \_\_\_\_\_

Agent License \_\_\_\_\_

Broker License \_\_\_\_\_

Expiration Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Mail To:

Broome Co-operative Insurance Company  
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