

### Program Administrator Producer Request Form

Please complete the following form and submit to *Chartis Broker Services* at:  
[toserve@chartisinsurance.com](mailto:toserve@chartisinsurance.com)

Please be advised that it may take up to one day to complete and respond to your request.

Date: \_\_\_\_\_

Requester: \_\_\_\_\_

PA Name: \_\_\_\_\_

Producer/Agency Number: \_\_\_\_\_

Entity ID: \_\_\_\_\_

#### Existing Sub-Broker/Retailer

Note: In order to expedite requests, please provide the name of the sub-broker/retailer you wish to add producers under **EXACTLY** as it appears in the ProgramConnect Agency dropdown.

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

Address: \_\_\_\_\_

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

#### Add New Agents/Producers

Usernames and passwords required upon return? Yes  No

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Please attach additional pages as needed.