

Olsommer Clarke Insurance
PO Box 640
Hamlin, PA 18427
(570) 689-9600

**IN ORDER TO KEEP OUR FILES UP TO DATE, PLEASE SUPPLY US WITH
THE FOLLOWING INFORMATION:**

Company Name: _____

Address: _____

Owner: _____

Contact: _____

Telephone: _____

Fax: _____

E-Mail: _____

Website: _____

Number of Employees: _____

Return the completed form by:

- Mail using the provided envelope
- Fax to (570) 689-9614
- Email to Olsommer@nepainsurance.com

I GRANT THE SAME AUTHORITY AS THE NAMED INSURED TO THE ABOVE LISTED CONTACT INDIVIDUAL.

SIGNATURE

DATE