



LICENSEE REQUEST TO BE ADDED TO FLOOD INSURANCE WEB PAGE

Please complete the information below and email the completed form to
ra-in-floodins@pa.gov.

Legal Name of Licensee (As Shown On Insurance License – No DBA Names Please)

Licensee's Tax ID Number or Last Four Digits of SSN

Insurance License Number

**Enter Current Business Address Below
(Main Office ONLY – No Branch Office Locations Please)**

Street Address – Line One

Street Address – Line Two

City State Zip

Telephone Number

Email Address

Web Address

Office of Market Regulation | Bureau of Licensing & Enforcement | Licensing Services Division
1209 Strawberry Square | Harrisburg, Pennsylvania 17120
Phone: 717.787.3840 | Fax: 717.787.8553 | www.insurance.pa.gov