



## New Client Information Form

Name of Agency (as you want it to appear on the manual)

Billing Address

Accounts Payable Point of Contact  
Name:   
Email:   
Phone:

Risk Management Group/Insurance Pool  Accreditation Agency (if applicable)  Agency Fiscal Year Start

*If purchasing Law Enforcement, please complete the following section:*

Chief/Sheriff Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>
Primary Contact Full Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>

*If purchasing Custody, please complete the following section:*

Chief/Sheriff Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>
Primary Contact Full Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>

*If purchasing Fire, please complete the following section:*

Chief Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>
Primary Contact Full Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>