

Services Listing in the RRR.com Service Provider Directory

- Print out this Order Form. Fill out completely, including payment information, and submit either by:
 1. Faxing Order Form with credit card information to (626) 796-2363 (fax), or
 2. Mailing Order Form with check to: *Insurance Communications*, P.O. Box 50147, Pasadena, CA 91115, or
 3. Scan Order Form with credit card information and email to subscriptions@rrr.com
- Email ad material to: subscriptions@rrr.com
- Questions – Email subscriptions@rrr.com, Tel: (626) 796-4972

Advertising Options (select one)	Cost	Amount
6 Months	\$700	
12 Months	\$1,200	
Special Offer: List multiple companies and deduct 25% of subtotal (Must fill out one form for each listing)		
Start Date: (Month) _____		
Total Cost		\$

Service Providers Listing Information:

Company: _____

Address: _____

City/State/Zip: _____

Contact #1 Name: _____ **Contact #2 Name:** _____

Contact #1 Phone & Fax: _____ **Contact #2 Phone & Fax:** _____

Contact #1 Email: _____ **Contact #2 Email:** _____

Web Address: (link included) _____

Description of Company: (80 to 100 words describing your company, citing specifically what it does in the RRG and PG arena. Attach separately if needed.)

Select Sections and Categories – check all applicable boxes

RRG Service Providers	PG Service Providers
<i>Service Providers listed in this section offer RRG services in the following categories:</i>	<i>Service Providers listed in this section offer PG services in the following categories:</i>
Accounting Services	Agents/Brokers (retail)
Actuarial Services	Agents/Brokers (wholesale)
Auditors	Insurance Companies
Banking Services	Legal Services
Claims Services	Managing General agents
Captive Management Services	Program Administrators
Consultants	Surplus Lines Brokers
Information Systems	Regulatory Compliance Specialists
Investment Services	Reinsurance Companies
Legal Services	Reinsurance Intermediaries
Reinsurance Services	Other
Risk Management Services	
Other	
Total RRG Categories	Total PG Categories

Payment Information

Check Enclosed (Payable to: *Insurance Communications*)

Charge my: AMEX | VISA | MasterCard

Card Number _____ Expiration Date _____

Signature _____