

Trinidad Navarro
Insurance Commissioner



Delaware Department of Insurance

Delaware Quality Improvement Strategy Workgroup Designation Form

Designation Information	
Company Name:	Date:

Primary Contact			
Name:		Title:	
Address:	City:	State:	Zip:
Phone Number:		Email Address:	

Primary Contact Signature

Date

Alternate Contact			
Name:		Title:	
Address:	City:	State:	Zip:
Phone Number:		Email Address:	

Alternate Contact Signature

Date