



The Fairway Agency, LLC  
Broker Agreement Information Page

Agency Name: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Floor / Suite*

*City*

*State*

*ZIP Code*

Telephone : ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FEIN Number: \_\_\_\_\_ National Producer Number (NPN): \_\_\_\_\_

Please complete this form and  
**include: a copy of the Agency's current insurance license, W9 and E & O policy.**

**Upon receipt, you will receive an acknowledgment and our Broker Agency Agreement for your signature.**