



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.