

Sub-Agent Partner Information Page

Employer Name: _____

MGA or Referral: _____

First Name: _____ Last Name: _____

FEIN (or SSN if individual): _____

Phone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Primary Point of Contact Name: _____

Position: _____ Phone Number: _____

Point of Contact E-Mail: _____

Secondary Point of Contact Name: _____

Position: _____ Phone Number: _____

Point of Contact E-Mail: _____