

BROKER INFORMATION FORM

To submit business with the FAIR Plan, please provide the information requested below and return the completed form either by email or by FAX.

EMAIL: cfpbrokers@cfpnet.com **FAX:** (213) 487-6699

Upon receipt of your information, it will take 24 to 48 hours to verify and process your information. After your information has been added to our Broker Database, you will receive a confirmation email with instructions to register on the Brokers System on our web site. The Brokers System is used to submit new business, endorsements and cancellations.

FIRE & CASUALTY LICENSE

- A copy of your valid Fire & Casualty License must be submitted with this Information Form.

PLEASE PRINT

Broker Name (with DBA if applicable). Note the name must appear on the license.

Mailing Address: _____

If other than a P.O. Box, Address is: Residential _____ Commercial _____

Street Address (if different than mailing address): _____

Telephone Number: _____

Email: _____

Provide one of the following for 1099 Reporting:

- IRS/EIN #: _____
OR
- SOCIAL SECURITY #: _____

Name & Title (Print)

Signature

Date