**FACT Brokerage Membership Inquiry Form**

Transportation Agency Name:

Contact Name & Title:

Contact Email & Phone:

Years in Service:

Experience serving seniors and/or persons with disabilities:

Service Area:

Days & Hours of Operation:

Number of Ambulatory Vehicles:

Number of Wheelchair Accessible Vehicles:

Auto Liability Insurance (Minimum of $1.5M):

General Liability Insurance ($2.0M General Aggregate):