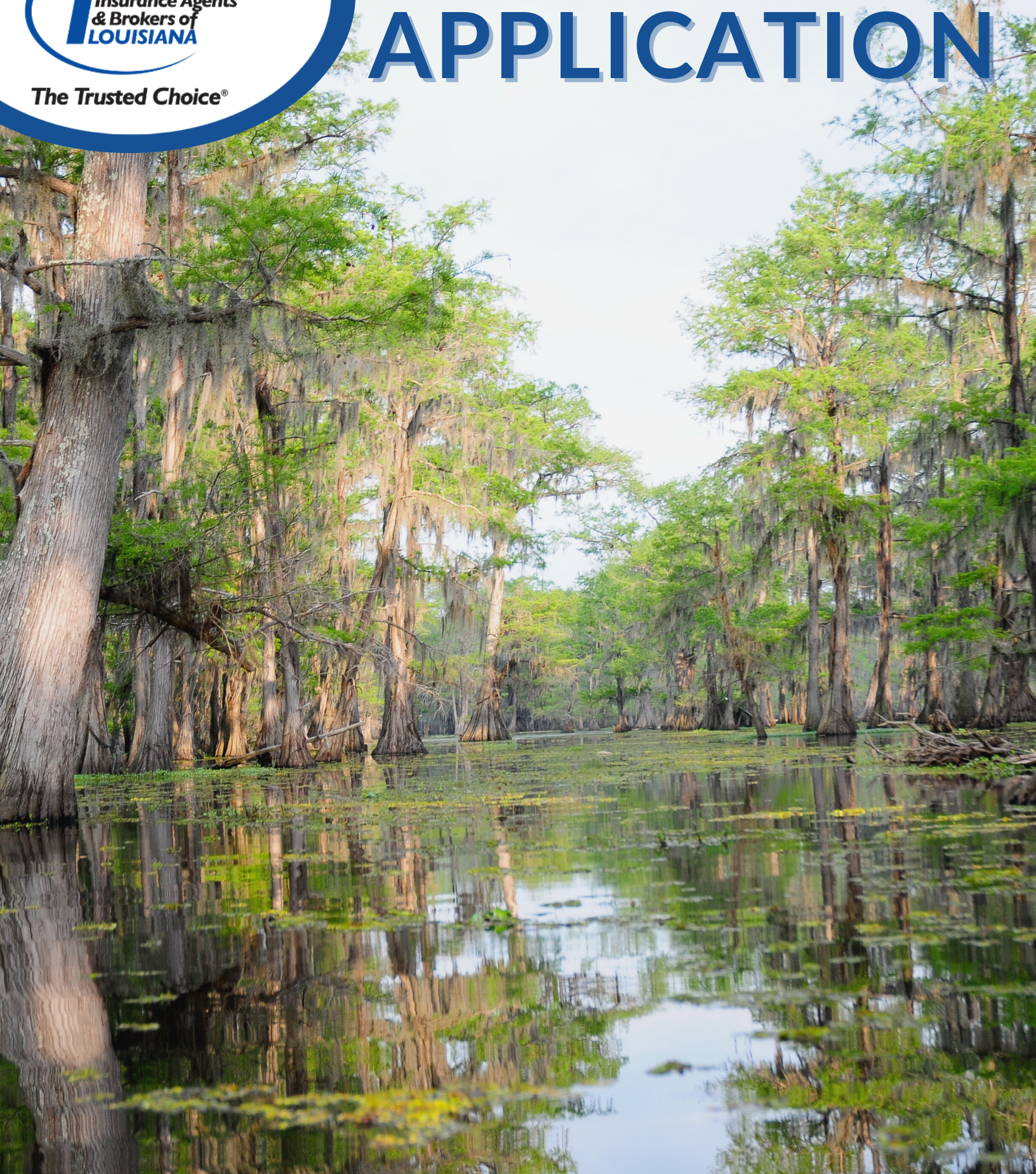


AGENCY MEMBER - UPDATED APRIL 2022



The Trusted Choice®

# MEMBERSHIP APPLICATION





# MEMBERSHIP QUALIFICATIONS & BENEFITS

## Agency Member

### Qualifications:

In order to be a member of the Independent Insurance Agents and Brokers of Louisiana, an insurance agency must meet the following criteria:

1. The insurance agency must have a current resident agents license to sell property and casualty insurance with the Louisiana Department of Insurance;
2. The insurance agency must represent at least one independent property and casualty insurance company on a commission basis for their own account, and be legally authorized to represent more than one independent insurance company;
3. The insurance agency must engage in the insurance business as a retail independent agent providing insurance coverage directly to policyholders;
4. The insurance agency must have completed the IIABL membership application and paid the appropriate membership dues.

### Benefits:

1. Market Access Programs
2. Agency Management Tools
3. Advocacy in the Louisiana Legislature, Congress, Louisiana Department of Insurance & Insurance Industry
4. Education Resources & Networking Events
5. Information & Industry Communications
6. Technical Affairs - resources and advice on coverage questions and Louisiana's insurance statutes
7. Agency & all affiliated "branches" appear in the 'FIND AN AGENT' director on IIABL and TrustedChoice.com
8. Agency & all affiliated "branches" eligible for local association membership

For more information on our benefits, please visit [www.IIABL.com](http://www.IIABL.com).



# MEMBERSHIP APPLICATION

## Contact Information

Agency Principal: \_\_\_\_\_

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

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

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

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Agency License #: \_\_\_\_\_ \*Total # of Employees: \_\_\_\_\_

### Annual Dues Formula

Total # of Employees  
x \$110 per employee  
= Dues\*\*  
+ PAC (See PAC Formula on left)  
= Total Amount Due

### PAC Contribution Formula

*Total # of Employees	IIABL PAC Contribution
1-3	\$100.00
4-9	\$200.00
10+	\$300.00

### Payment

- Check  
(made out to IIABL)
- Credit Card  
(an invoice will be sent to the email listed above)

**\*\*IIABL's minimum membership dues is \$500 & the maximum membership dues is \$5,000\*\***

Use the information above to complete the formula below.

Total # of Employees \_\_\_\_\_

Per employee cost x **\$110.00**

New Member Stock fee + **\$10.00**

IIABL PAC Contribution + \_\_\_\_\_

**TOTAL AMOUNT DUE = \_\_\_\_\_**

### \*Total # of Employees

For IIABL dues purposes, "employees" include all officers, owners, partners, producers, independent contractors and all other licensed or unlicensed full time employees.

Please provide agency employee names and email addresses on the Employee Roster page so that they will receive important IIABL communications.

### Additional Branch Locations

Please use the worksheet on page 5 to provide additional information for each of your additional branch locations. There is no charge for additional Branch locations.

## Authorization

Signature: \_\_\_\_\_

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



# EMPLOYEE ROSTER

Please complete this worksheet for the Agency;  
make additional copies as needed\*

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

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Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_  Principal  Producer  CSR  Other



# ADDITIONAL BRANCH LOCATIONS

*\*Please complete this worksheet for each Additional Branch location; make additional copies as needed; See 'Branch Benefits' on page 2\**

## Additional Branch Contact Information

Branch: \_\_\_\_\_

Branch Contact: \_\_\_\_\_

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

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

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## Additional Branch Contact Information

Branch: \_\_\_\_\_

Branch Contact: \_\_\_\_\_

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

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

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## Additional Branch Contact Information

Branch: \_\_\_\_\_

Branch Contact: \_\_\_\_\_

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

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

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_