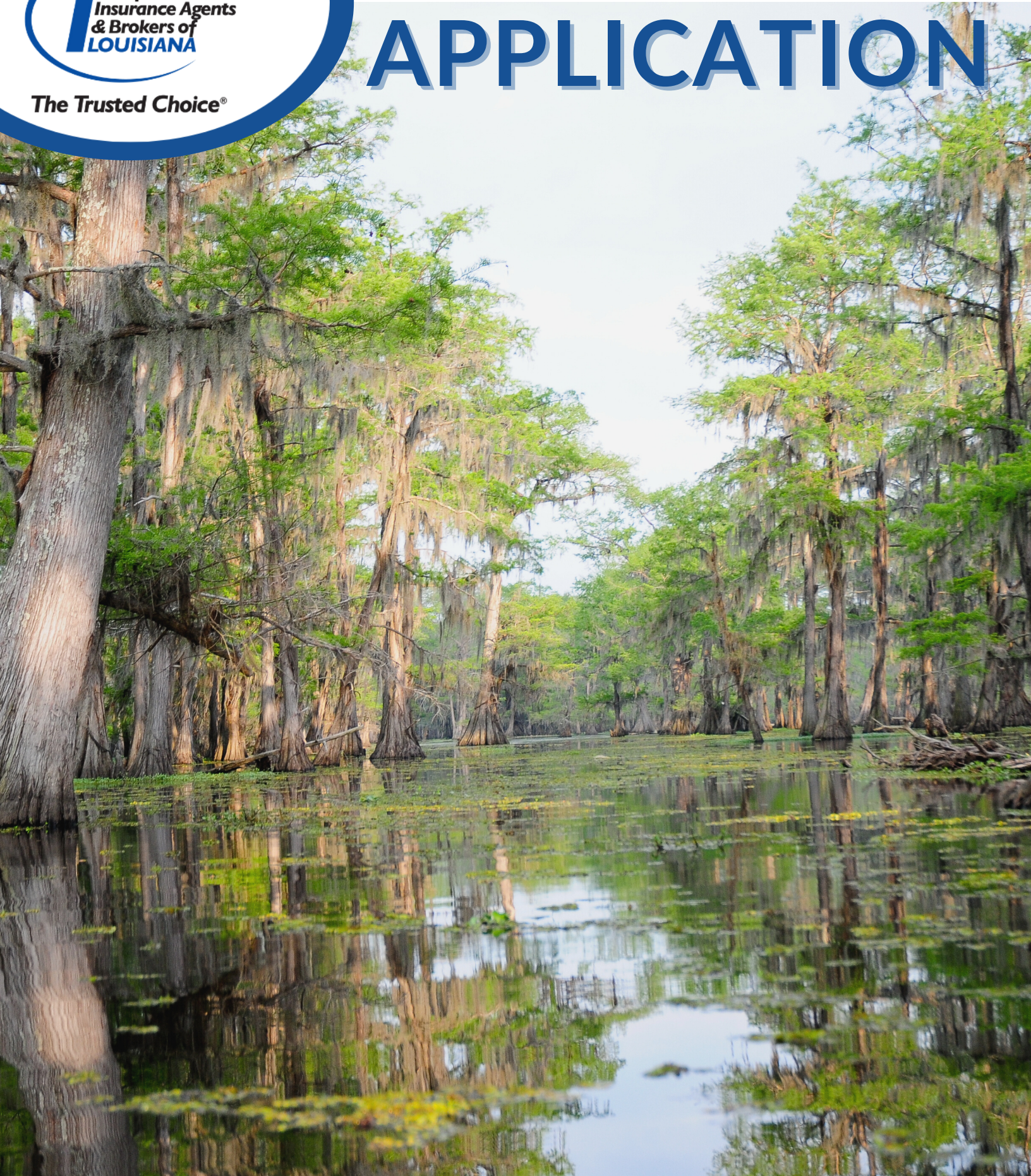




AGENCY MEMBER - UPDATED FEB 2021

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 & Insurance Industry
4. Education Resources & Networking Events
5. Information & Industry Communications

For more information on our benefits, please visit www.IIABL.com.



Branches

Qualifications:

There is a \$200 membership fee per Branch. A Branch is a separate physical agency location that has common ownership with a main location that is an IIABL Agency Member.

Benefits:

**In addition to the Agency Benefits listed above, Branch members also receive the following*

1. Appear in the 'FIND AN AGENT' directory on IIABL and TrustedChoice.com
2. Receives separate branch mailings from IIABL
3. Eligible for local association membership



MEMBERSHIP APPLICATION

Contact Information

Agency Principal: _____

Agency: _____

Mailing Address: _____

Physical Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Agency License #: _____ *Total # of Employees: _____

Dues Formula

*Total # of Employees	Base Dues	IIABL PAC Contribution
1-3	\$430.00	\$100.00
4-9	\$580.00	\$200.00
10+	\$905.00	\$300.00

Payment

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

*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.

Please use the information above to calculate your membership dues amount

Agency Base Dues	_____
Total # of Employees x \$46 +	_____
\$10 stock fee +	_____
IIABL PAC Contribution +	_____
Branch Dues \$200 x # of Addl' Branches +	_____
TOTAL AMOUNT DUE =	=====

****IIABL maximum membership dues is \$5,000****

Authorization

Signature: _____

Title: _____ Date: _____



EMPLOYEE ROSTER

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

Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> Other
Name: _____	Email: _____	<input type="checkbox"/> Principal	<input type="checkbox"/> Producer	<input type="checkbox"/> CSR	<input type="checkbox"/> 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: _____