



AGENCY MEMBER - UPDATED OCTOBER 2024

MEMBERSHIP APPLICATION

The Trusted Choice®





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.



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
\$115 per employee
= Dues **
+ PAC (See PAC Formula on left)
= Total Amount Due

**IIABL's minimum membership dues is \$500
& the maximum membership dues is \$20,000**

Use the information above to complete the formula below.

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)

*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.

Total # of Employees _____

Per employee cost x **\$115.00**

IIABL PAC Contribution + _____

TOTAL AMOUNT DUE = _____

Authorization

Signature: _____

Title: _____ Date: _____



EMPLOYEE ROSTER

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