

EMBRACE Your INDEPENDENCE.

You've made the choice to build your agency on independence, but that doesn't mean you're alone. When you belong to the IIABAZ, we do some of the heavy lifting so you can focus on what's important — running your agency.



WE HAVE YOUR BACK!

We are committed to supporting you in every aspect of your business by providing you with the resources you need to grow as a business and insurance professional. Together, we can build and strengthen the independent agency system and spread the values independent agents bring to their customers and community.

In this day and age, leading an agency comes with challenges, but you do NOT have to do it alone. Join our community today so we can have your back today and every day.

AGENCY INFORMATION

Agency Name _____

Main Contact _____ Title _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Year Established _____ Total # of Employees _____ Business Type: Corporation LLC/LLP Partnership Individual/Sole Proprietorship

Lines of Business (should total 100%) Commercial Lines _____% Personal Lines _____% Life & Health _____% Other _____%

Aggregator/Cluster Affiliation (if any) _____ E&O Carrier _____ E&O Ex. Date _____

Other Arizona Locations? No Yes *If yes, please complete Branch Locations on second page.* Represent more than one company? No Yes

ADDITIONAL AGENCY PERSONNEL (Please complete second page if necessary)

** It is important to list all agency personnel in order to ensure they have full access to log-in information to iiabaz.com, member resources, and Virtual University.*

Name/Designations _____ Title _____ Email Address _____

Name/Designations _____ Title _____ Email Address _____

Name/Designations _____ Title _____ Email Address _____

QUALIFICATIONS FOR MEMBERSHIP

To be eligible for membership with the IABAZ, agencies must:

- Have proper qualification and license under the laws of the State of Arizona to act as a property and casualty insurance agent.
- Have direct representation of a Company or Companies which operate exclusively on the commission basis and under the American Agency System.
- Assent to the Constitution and By-Laws of the IABAZ, and subscription to the Code of Ethics.
- Primary engagement be in the General Insurance Business, deriving principal source of income therefrom.

DUES CALCULATION

IABAZ annual membership dues are based on an agency's property/casualty premium volume written in Arizona. IABAZ membership automatically includes membership in the Independent Insurance Agents and Brokers of America (Big I, IIBA) and Trusted Choice. Dues payment must accompany this completed application and may be prorated based on the application date. Dues are not deductible as charitable contributions but may be deducted as ordinary business expense except for 9.8% which relates to lobbying. If the agency membership is terminated for any reason, no portion of the dues will be refunded. In the event of merger or acquisition by a nonmember, the member agency will immediately lose its rights and privileges of membership in IABAZ, unless the new owner joins.

IABAZ is GREEN! All communications will be paperless except for certain publications and invoices.

I certify the information contained in this application is true and correct to the best of my knowledge. I hereby agree to the terms of membership of IABAZ and IIBA. By signing below, I agree that I have read and will adhere to the Code of Ethics (accessible at www.iiabaz.com/CodeOfEthics) and the Trusted Choice Licensing Agreement and Pledge of Performance (accessible at www.trustedchoice.com/licenseagreement).

We understand that our agency may use the Big "I" and Trusted Choice logos so long as the agency is a member of the IABAZ. If our agency non-renews membership, we will cease to use the logos within 90 days after termination and agrees to pay any legal fees incurred by IABAZ to enforce this requirement.

Agency Owner Signature _____ Date _____

PAYMENT INFORMATION

Future Payment Schedule Options (select one): Bill Me Annually Semi-Annually Quarterly

Check enclosed payable to IABAZ Charge to credit card

Card Number _____ Exp. Date _____ V-Code _____ Name on Card _____

CC Billing Address _____ Signature _____

DUES SCHEDULE

Fiscal Year: November 1 - October 31

AGENCY PREMIUM	DUES LEVEL
\$0-\$200,000	\$340
<small>(less than 3 yrs established & 2 or less employees)</small>	
\$0-\$200,000	\$400
\$200,001-\$400,000	\$630
\$400,001-\$700,000	\$870
\$700,001-\$1,000,000	\$1,100
\$1,000,001-\$2,500,000	\$1,330
\$2,500,001-\$5,000,000	\$1,560
\$5,000,001-\$10,000,000	\$1,865
\$10,000,001-\$15,000,000	\$2,110
\$15,000,001-\$20,000,000	\$2,350
\$20,000,001-\$25,000,000	\$2,675
\$25,000,001-\$30,000,000	\$3,050
\$30,000,001-\$40,000,000	\$3,460
\$40,000,001-\$50,000,000	\$3,735
\$50,000,001-\$75,000,000	\$4,010
\$75,000,001-\$100,000,000	\$4,285
Over \$100,000,001	\$4,560

Your Dues Amount \$ _____

Branches (if any) \$ _____

TOTAL DUES \$ _____

RETURN THIS APPLICATION WITH PAYMENT TO:

IABAZ | 333 East Flower Street | Phoenix, Arizona 85012 | P 602-956-1851 | F 602-468-1392 | E info@iiabaz.com

Additional Employees and Branches

Please duplicate this page as needed.

MAIN AGENCY ADDITIONAL PERSONNEL

Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____

BRANCH LOCATION(S)

**There is a \$300 annual charge per branch location in order to be found on the agency locator at trustedchoice.com and location staff to utilize member benefits. Please include the branch dues with your agency dues.*

Location #2 Name (if different than main location) _____

Main Contact _____	Title _____	Email Address _____
Mailing Address _____	City _____	State _____ Zip _____
Street Address _____	City _____	State _____ Zip _____
Phone _____	Fax _____	Website _____

Location #2 Additional Personnel

Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____

Location #3 Name (if different than main location) _____

Main Contact _____	Title _____	Email Address _____
Mailing Address _____	City _____	State _____ Zip _____
Street Address _____	City _____	State _____ Zip _____
Phone _____	Fax _____	Website _____

Location #3 Additional Personnel

Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____
Name/Designations _____	Title _____	Email Address _____