



2012 MEMBERSHIP APPLICATION

I am applying for membership in the following category:

- Regular
 Qualified
 Associate
 Provisional
 Member Emeritus
 Marketing Group

AGENCY INFORMATION

Agency _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Web site _____

1. Primary Contact

Name _____

Title _____

E-mail address _____

If you are applying for Member Emeritus status, skip to signature and payment information sections.

2. Secondary Contact

Name _____

Title _____

E-mail address _____

3. Third Contact

Name _____

Title _____

E-mail address _____

MEMBERSHIP QUESTIONS *Please answer the following questions:*

1. Is any percentage of the agency owned by any of the following? YES NO
If NO, please skip to question 4. If YES, please indicate which:
 Insurance Carrier. Which one? _____
 Bank. Which one? _____
 Broker/Dealer. Which one? _____
 Publicly traded company. Which one? _____
2. What percentage of the agency is owned by the outside entity? _____ %
3. Is your parent company one that manufactures (or is an extension of, or affiliated with, a company that manufactures) insurance product? YES NO
4. Is the *principal* of the agency an employee of a company that manufactures (or is an extension of, or affiliated with, a company that manufactures) insurance product?
 YES NO
5. Does the principal of the agency have the authority to make decisions as to where the agency business is generated from, and with which companies the agency is contracted? YES NO

6. Does the agency have a contractual or employer relationship with their brokers that would prohibit them from placing business with any other agency? YES NO
7. Are the general agency and all principals and officers, in good standing in all of the states and with all of the companies with which it does business?
 YES NO
If not, please provide complete details on a separate sheet of paper.
8. Does the general agency have direct reporting wholesale brokerage general agent contracts with at least three (3) carriers? YES NO
For PROVISIONAL MEMBERSHIP, indicate the number of carriers with which you already have contracts. _____
9. Has the general agency placed at least 12 new, in force cases with at least 3 different carriers in the past 12 months? YES NO
10. Please list all carriers with which the agency has an independent wholesale direct brokerage general agent contract and has placed no less than 12 new, in force cases during the last 12 months.

11. Does your agency have more than one location?
 YES NO If YES, please list additional locations.

12. In what year did the agency start business? _____
13. Does your agency belong to a marketing group(s)?
 YES NO
If YES, which one(s)?

14. Indicate the percentage of the general agency's production in each of the following categories:
 i. Independent Life/Health Brokerage _____ %
 ii. In-house/Captive Agents _____ %
 iii. Personal Production _____ %
 iv. Registered Product _____ %
15. Please indicate which products/services the agency provides (*check all that apply*):
 Life (term, UL, VUL, etc.) Health
 Impaired-risk Long Term Care
 Annuities Disability
 Employee Benefit Plans Broker/Dealer

TO COMPLETE THIS APPLICATION

- Attach letters from AT LEAST THREE of the companies with which you hold a contract. Each letter should state that your agency holds a direct reporting independent wholesale brokerage general agent contract and places at least 12 new cases with that company per calendar year.
- Attach a letter of recommendation from a current NAILBA member agency principal (recommended — not mandatory).
- Include a copy of your agency's current brochure or most recent promotional material.

NOTE: If you are applying for Provisional Membership, please provide letters from the carriers with which you have a direct reporting contract and list the number of cases you place annually.

PAYMENT INFORMATION

AMOUNT DUE: \$1,495

NOTE: Member Emeritus dues are \$350 per year.

Dues are on a calendar year basis (January 1 - December 31); dues CANNOT be prorated. Applications for membership for the current year will not be accepted after September 30.

Check # _____ (made payable to NAILBA)

Credit Card VISA MasterCard American Express

Credit Card Number _____

Exp. Date _____

Name on card _____

Signature _____

NAILBA PAC

I authorize NAILBA PAC to communicate with and solicit contributions from me and all eligible executive and administrative personnel in my agency. As required by federal law, my agency has not authorized any other trade association PAC to solicit its employees during the calendar years designated and will not approve such solicitations for any year in which prior approval is granted to NAILBA PAC.

I understand that NAILBA PAC will contact me to coordinate any solicitation activities with my agency's eligible employees. I also understand that this authorization in no way obligates me or anyone else in my agency to make a contribution.

Prior authorization is granted for the following years:
(Federal law requires a separate signature for each year)

2012 _____
(SIGNATURE)

2013 _____
(SIGNATURE)

2014 _____
(SIGNATURE)

Are you (or one of your staff) interested in volunteering to participate on a NAILBA committee or task force?
 YES, please call me! NO, not at this time

SIGNATURE

By signing this application, I attest that the information given here is complete and correct to the best of my knowledge. Further, I authorize NAILBA officers and/or agents to conduct inquiries and to obtain information related to the correctness of this application and the standing of this agency and its principals in the states and with the companies with which this agency does business.

Signature _____


Date _____

Name _____
(PLEASE PRINT)

Title _____

By signing this form you are consenting to receive transactional and information e-mails and faxes from NAILBA.

Membership dues may be tax deductible as ordinary and necessary business expenses. NAILBA estimates that the non-deductible portion of dues for lobbying purposes is 15%. Contributions or gifts to NAILBA are not tax deductible as charitable contributions for Federal income tax purposes.



National Association of Independent Life Brokerage Agencies

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