



# 2012 MEMBERSHIP RENEWAL

I am renewing our agency membership in the following category:

- Regular   
  Qualified   
  Associate   
  Provisional   
  Member Emeritus   
  Marketing Group

**I. MANDATORY AGENCY INFORMATION UPDATE**  
 Required information. Please provide your most current information for the 2012 online directory.

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 \_\_\_\_\_

**II. NAILBA MEMBERSHIP RENEWAL FORM:**  
 You must complete the following questions to certify that your agency still meets all NAILBA qualifications for membership.

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? (If the general agency is applying for membership in the PROVISIONAL category, please note the number of carriers with which you do have a direct reporting wholesale brokerage general agent contract.)  
 YES  NO
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. 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 \_\_\_\_\_ %
12. Does your agency belong to a marketing group(s)?  
 YES  NO If YES, which one(s)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### III. DUES 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.

**If you renew after March 31, 2012 you will be charged a \$300 late fee.**

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)

### NAILBA FOUNDATION

**Won't you consider renewing your commitment to the Foundation while you're renewing your membership in NAILBA?**

Additional amounts made that are intended as contributions to the NAILBA Charitable Foundation may be deductible as a charitable contribution.

Amount you'd like to ADD to your dues as a Foundation contribution:

\$500     \$1,000     \$2,500     \$5,000     Other amount \$ \_\_\_\_\_

The NAILBA Charitable Foundation and the programs that benefit from your generosity thank you!

### MEMBERSHIP RENEWAL - PAGE 2

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 renewal 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**

11325 Random Hills Road  
Suite 110  
Fairfax, VA 22030

Phone: (703) 383-3081

Fax: (703) 383-6942

www.NAILBA.org