



AGENCY MEMBERSHIP APPLICATION



CONTACT INFORMATION

Name of Agency

Contact Name

Contact Title Phone Number

Email Address

Mailing Address

AGENCY INFORMATION

Premium Volume*	Annual Dues	Type of Business	
<input type="checkbox"/> Under \$2 Million	\$375	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Partnership
<input type="checkbox"/> \$2-\$5.5 Million	\$475	<input type="checkbox"/> Retail	<input type="checkbox"/> Corporation
<input type="checkbox"/> \$5.5-\$10 Million	\$600	<input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> \$10+ Million	\$750	<input type="text"/>	

Top 4 Companies Represented

Licensed Agent License #

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How did you hear about IIABC

First-time member \$250.00 for first year only - renewal dues will be based on premium volume.

*Premium Volume (Exclusive of Life & Health) of your agency and all Affiliated Agencies domiciled within Broward County. You may prorate your dues quarterly or select first-time new member rate.

I hereby apply for membership in the IIABC and agree to pay the annual dues as directed by the Board of Directors. I certify that the above information to be an accurate and complete account of my firm(s), its personnel, volume and structure. I also agree to conform to the Code of Ethics and abide by the By-laws of this organization.

[Click here for credit card payments](#)

Signed By:

Date:

Independent Insurance Agents of Broward County, Inc.
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Cooper City, FL 33330
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IIABC Mission Statement: To serve our member agencies, carrier partners and vendors by providing education, promoting professionalism in the industry, and promoting goodwill through participation in community events.

THANK YOU FOR YOUR APPLICATION

