



Independent Insurance Agents & Brokers of California

## Regular Member Application Your Information

**Welcome**, and thank you for considering membership with Independent Insurance Agents & Brokers of California (IIABCal), the state trade association representing independent insurance brokers and agents in California, and the Independent Insurance Agents and Brokers of America (the National 'Big I'). Completing this application is your first step to accessing the many benefits and services offered exclusively to IIABCal members.

Your Full Name \_\_\_\_\_

Your Phone \_\_\_\_\_

Your Email Address \_\_\_\_\_

## Company Information

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Physical Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Main Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Firm Ownership  
 Corporation  Limited Liability Corporation   
 Partnership  S Corporation   
 Sole Proprietor

Federal Taxpayer ID \_\_\_\_\_

License No. \_\_\_\_\_ Expires \_\_\_\_\_

## Business Profile

Membership dues are based on all insurance and financial service related revenue, including commissions for property and casualty, life and health, employee benefits, financial products, contingent commissions, interest income, fees for services, etc. for all offices in the state, rounded to the nearest \$25,000.

Providing data on business lines, premium volume and headcount, allows IIABCal to better serve you by providing more useful products and services. The additional data is used in order to provide you with a strong legislative and regulatory representation. All firm-specific demographic and operating information will always be maintained confidentially by IIABCal.

Company Annual Revenue \_\_\_\_\_

Total Number of Owners/Personnel in this and all other offices in the state of CA.

\_\_\_\_\_

Total Number of Owners/Personnel in the (Main) CA office Only (For Local Association Membership)

\_\_\_\_\_

Your current E&O Company \_\_\_\_\_ Expires \_\_\_\_\_

Your current WC Company \_\_\_\_\_ Expires \_\_\_\_\_

Gross Annual Premium Volume for all offices

\_\_\_\_\_ (Round to nearest \$100,000)

Personal \_\_\_\_\_ % Proportion of Business

Commercial \_\_\_\_\_ %

Surplus \_\_\_\_\_ %

Life/Health \_\_\_\_\_ %

Other \_\_\_\_\_ %

Any specialties? \_\_\_\_\_

## Clusters

Are you part of a cluster? Yes  No

Cluster Name Allied Insurance Brokers  Atlantic-Pacific   
 Pacific Interstate Ins Brokers  Professional Ins Associates   
 River Valley Insurance Associates  Sierra Gateway   
 United Agencies  United Valley

Other Clusters \_\_\_\_\_

## Associations

Are you a member of other associations or affiliations?

- |  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| American Agents Alliance                           | <input checked="" type="checkbox"/> | American Assn of Crop Insurers                 | <input checked="" type="checkbox"/> |
| American Assn of Ins Mgmt Consultants              | <input checked="" type="checkbox"/> | American Assn of Managing Gen Agents           | <input checked="" type="checkbox"/> |
| Association of Health Ins Advisors                 | <input checked="" type="checkbox"/> | American Insurance Association                 | <input checked="" type="checkbox"/> |
| American Institute of Marine Undrs                 | <input checked="" type="checkbox"/> | Calif Assn of Health Undrs                     | <input checked="" type="checkbox"/> |
| Calif Assn of Independent Ins Adjs                 | <input checked="" type="checkbox"/> | California Life & Health Ins. Guarantee Assn   | <input checked="" type="checkbox"/> |
| California Fair Plan Association                   | <input checked="" type="checkbox"/> | California Guarantee Assn                      | <input checked="" type="checkbox"/> |
| California Insurance Wholesalers Assn              | <input checked="" type="checkbox"/> | CPCU Society                                   | <input checked="" type="checkbox"/> |
| Health Insurance Assn of America                   | <input checked="" type="checkbox"/> | Insurance Educational Association              | <input checked="" type="checkbox"/> |
| ISU International                                  | <input checked="" type="checkbox"/> | Latin American Agents Association              | <input checked="" type="checkbox"/> |
| National Assn of Insurance Commissioners           | <input checked="" type="checkbox"/> | National Assn of Independent Insurers          | <input checked="" type="checkbox"/> |
| National Assn of Ins Women                         | <input checked="" type="checkbox"/> | National Assn of Public Insurance Adjusters    | <input checked="" type="checkbox"/> |
| National Assn of Professional Surplus Lines Office | <input checked="" type="checkbox"/> | National Council of Compensation Ins           | <input checked="" type="checkbox"/> |
| National Crop Ins Svcs                             | <input checked="" type="checkbox"/> | Other-Input/Comment field                      | <input checked="" type="checkbox"/> |
| Property Casualty Insurors Assn of America         | <input checked="" type="checkbox"/> | National Assn of Professional Insurance Agents | <input checked="" type="checkbox"/> |
| Professional Liab Undr Society                     | <input checked="" type="checkbox"/> | Surplus Lines Association                      | <input checked="" type="checkbox"/> |
| Trusted Choice Member                              | <input checked="" type="checkbox"/> | United Farmers Agts Assn                       | <input checked="" type="checkbox"/> |
| Western Insurance Agents Association               | <input checked="" type="checkbox"/> |  |                                     |

Other Associations \_\_\_\_\_

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## Contacts (Main Office)

Please provide a complete listing of your main office contacts, titles and email addresses with your application. In so doing, IIABCal can more efficiently and effectively distribute timely information to appropriate office contacts for legislation, education, insurance products, financial service products and the Independent Insider.

### Principal Contacts

Mr/Ms/Dr \_\_\_\_\_

First \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

Jr/III/Sr \_\_\_\_\_

Designation \_\_\_\_\_

Title \_\_\_\_\_

License \_\_\_\_\_ Exp \_\_\_\_\_ (mm/dd/yy)

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Please select the role that best fits the way this person serves your company. If this person serves all or a variety of functions equally, please select %Main+

- Accounting  Administration
- Advertising  Commercial Insurance
- Dues Billing  Editor
- Exec Dir Local  Financial Services
- Human Resources  Legislative Contact
- Life/Health  Main Contact
- Marketing Contact  Personal Insurance
- President/Local  Principal
- Principal 2  Principal Asst
- Reporter  Sponsorship
- Young Brokers/Agents

To add additional contacts, attach list to application with same information as requested for Primary Contact.

## Company Branch Offices

Branch Full Name \_\_\_\_\_

DBA \_\_\_\_\_

Physical Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Main Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Branch Company Email \_\_\_\_\_

Branch Company Name \_\_\_\_\_

Contact's Email \_\_\_\_\_

For additional branches, attach list to application with same information as requested on Branch 1.

How did you hear about IIABCAl West?

- Web Site  Member
- Company  IIABA
- Local  Agent/Broker
- Other Associations  Media
- Trade Journals  Insurance Company
- Other  Program Partner
- Past Member

Referring Member's Name \_\_\_\_\_

What are your primary reasons for joining IIABCal?

- |                      |                                     |                 |                                     |
|----------------------|-------------------------------------|-----------------|-------------------------------------|
| Advocacy             | <input checked="" type="checkbox"/> | Products        | <input checked="" type="checkbox"/> |
| Meetings             | <input checked="" type="checkbox"/> | Events          | <input checked="" type="checkbox"/> |
| Networking           | <input checked="" type="checkbox"/> | Education       | <input checked="" type="checkbox"/> |
| Other                | <input checked="" type="checkbox"/> | Previous Member | <input checked="" type="checkbox"/> |
| Business Development | <input checked="" type="checkbox"/> | Advertise       | <input checked="" type="checkbox"/> |

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**PLEASE READ THE FOLLOWING:** My firm and the producers herein submit the qualifications for membership. I understand that: Membership in Independent Insurance Agents and Brokers of California may be denied or revoked at any time if information provided on this application is not true and complete, or as specified in the Bylaws; dues are fully earned at the inception of membership; dues are calculated annually and are prorated in accordance with association policies; membership in California is co-extensive with the Independent Insurance Agents & Brokers of America (IIABA), as well as local associations (where membership, if any, may be subject to that board's approval).



Check here to acknowledge you have read the above.

Use the following space if you have any additional comments or questions for Member Services.

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Print and complete application then Email to [IIABCalMemberUpdate@iiabcal.org](mailto:IIABCalMemberUpdate@iiabcal.org) or FAX to 925.484.6014

IIABCal  
7041 Koll Center Parkway, Suite 290  
Pleasanton, CA 94566  
Phone 800-772-8998  
Fax 925-484-6014