



Insurance Agents & Brokers of Maryland

Driving members to distinction.

Agency Membership Application

Membership Eligibility Requirements

Agencies having one or more direct appointment(s) with a company subscribing to the American Agency System are eligible for membership. IA&B of Maryland subscribes to the definition of American Agency System whereby the agent owns the records and expirations of the policies issued through them and is able to represent more than one company.

Agency Information

Please complete the information below for the agency headquarters. If the agency has branch offices, please complete page two of this application.

Agency Name

Street Address

City

State

Zip

Mailing Address

City

State

Zip

Telephone

Fax

Agency E-mail address

For shipping purposes, indicate whether street address is a: Commercial location Residential location

State Membership

Above agency resides in and is requesting membership in Insurance Agents & Brokers of Maryland.

National Affiliations

Insurance Agents & Brokers of Maryland is affiliated nationally with the Professional Insurance Agents (PIA National).

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Agency Membership Application

Agency Offices in addition to that listed on Page 1.

Please complete the following information for all additional agency branch offices. Please use additional pages if necessary.

Office 1:

Branch Name (if operating under a different name)		Federal Tax ID*	
Street Address			
Mailing Address		City	State Zip
Telephone	Fax	Agency e-mail address	

Office 2:

Branch Name (if operating under a different name)		Federal Tax ID*	
Street Address			
Mailing Address		City	State Zip
Telephone	Fax	Agency e-mail address	

Office 3:

Branch Name (if operating under a different name)		Federal Tax ID*	
Street Address			
Mailing Address		City	State Zip
Telephone	Fax	Agency e-mail address	

Office 4:

Branch Name (if operating under a different name)		Federal Tax ID*	
Street Address			
Mailing Address		City	State Zip
Telephone	Fax	Agency e-mail address	

*If the Federal Tax ID# for a branch office is different than the agency headquarters, the branch must have a separate membership.

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Agency Staff

Please list all P&C licensed Full-Time Staff. **Fields in bold are required.**

Primary Agency Member (Voting Member)

Name <small>(First name, middle initial, last name & suffix)</small>	Birth Date mm/dd/yy	Licensed	Resident License State	Resident License Number	* Area of Responsibility <small>(see below)</small>	E-mail Address	Employed at <small>(Headquarters, office 1, office 2, office 3, office 4)</small>
1.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					

x

Signature of Primary/Voting Member

Additional P&C licensed Full-Time Staff (Please use an additional sheet if necessary.) **Fields in bold are required.**

Name <small>(First name, middle initial, last name & suffix)</small>	Birth Date mm/dd/yy	Licensed	Resident License State	Resident License Number	* Area of Responsibility <small>(see below)</small>	E-mail Address	Employed at <small>(Headquarters, office 1, office 2, office 3, office 4)</small>
2.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
3.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
4.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
5.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
6.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
7.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
8.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
9.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					
10.	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO					

***Area of Responsibility:**

Commercial Lines Service & Support – CL CSR
 Personal Lines Service & Support – PL CSR
 Life Group Service & Support – LAH CSR
 Other Staff - OTHER

Commercial Lines Sales – CL Sales
 Personal Lines Sales – PL Sales
 Life Group Sales – LAH Sales

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Agency Profile: (Please answer each of the following questions)

- | | |
|---|---|
| <p>1. Date agency opened: ____ / ____ / ____</p> <p>2. Agency Structure:
____ Sole Proprietor ____ Partnership
____ C Corporation ____ S Corporation
____ LLC ____ LLP</p> <p>3. Agency Owners:
____ Number of Agency Owners
____ Average Age of Agency Owners</p> <p>4. Please list your agency's lead independent property/casualty insurance companies:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> | <p>5. Number of companies represented:
P&C: _____ LAH: _____</p> <p>6. Agency Location: ____ Rural <10,000
____ Town 10,000 – 100,000 ____ Urban >100,000</p> <p>7. Agency Revenue: \$ _____
____ % Personal ____ % Commercial
____ % Contingencies ____ % Other Fees
____ % Indiv Health ____ % Indiv Life Annuity
____ % Group Health ____ % Other Grp Benefit</p> <p>8. Please provide your agency's Federal Tax ID Number:
_____</p> <p>9. Type of Agency Management System:
<input type="checkbox"/> Applied <input type="checkbox"/> AMS <input type="checkbox"/> Other _____</p> <p>10. E&O carrier and expiration date: _____</p> |
|---|---|

Membership Dues:

- A portion of IA&B of Maryland membership dues are deductible as ordinary business expenses under the Internal Revenue Code; however, dues may not be considered as charitable contributions.
- The IA&B of Maryland Tax Identification Number: 47-0901656
- There is no refund allowance, part or in full, for membership dues.

Dues Payment Options:

- Check Enclosed \$ _____
(Make Checks Payable to IA&B)
- Please charge to my credit card \$ _____
- VISA MasterCard American Exp
- Personal Card Business Card
- Account Number (all digits please)

- Expiration Date ____/____/____
- _____
Name on the credit card
- _____
Cardholder Signature

Mail or fax your membership application to:

Insurance Agents & Brokers of Maryland
P.O. Box 2023
Mechanicsburg, PA 17055-0763
Phone: (800) 998-9644
Fax: (717) 795-8347
E-mail: iab@iabgroup.com

IA&B Use:

Date Application Received _____

Membership Approved _____

Dues Amount \$ _____

Check Number _____ P or A

Date Joined _____

IA&B of Maryland Membership Dues Schedule

- Please use the schedule below to determine your dues. Dues and schedule are subject to change without notice.
- Contact IA&B at iab@iabgroup.com to obtain the current percent of your new membership dues that is deductible for tax purposes. This percentage will be provided annually on your membership renewal invoice.
- IA&B's fiscal year begins April 1 and runs through March 31. Membership benefits are provided through March 31 of the following year regardless of whether an agency joins during Schedule A, B or C below.
- Pro-rated dues and new member incentives are not applicable to an agency during a fiscal year in which they non-renew membership.

Total # of Full-Time, Licensed (P&C) Employees	Full Annual Dues	Schedule A	Schedule B	Schedule C
		Application received between Jan. 1– Apr. 30	Application received between May 1– Aug. 31	Application received between Sep. 1– Dec. 31
Pro-Rate Percentage		100%	75%	50%
1	\$490	\$490	\$368	\$245
2	\$505	\$505	\$379	\$253
3	\$520	\$520	\$390	\$260
4	\$535	\$535	\$401	\$268
5	\$550	\$550	\$413	\$275
6	\$565	\$565	\$424	\$283
7	\$580	\$580	\$435	\$290
8	\$595	\$595	\$446	\$298
9	\$610	\$610	\$458	\$305
10	\$625	\$625	\$469	\$313
11	\$640	\$640	\$480	\$320
12	\$655	\$655	\$491	\$328
13	\$670	\$670	\$503	\$335
14	\$685	\$685	\$514	\$343
15	\$700	\$700	\$525	\$350
16	\$715	\$715	\$537	\$358
17	\$730	\$730	\$548	\$365
18	\$745	\$745	\$559	\$373
19	\$760	\$760	\$570	\$380
20	\$775	\$775	\$582	\$388
21	\$790	\$790	\$593	\$395
22	\$805	\$805	\$604	\$403
23	\$820	\$820	\$615	\$410
24	\$835	\$835	\$627	\$418
25	\$850	\$850	\$638	\$425
26	\$865	\$865	\$649	\$433
27	\$880	\$880	\$660	\$440
28	\$895	\$895	\$672	\$448
29	\$910	\$910	\$683	\$455
30 or more	\$925	\$925	\$694	\$463

Annual Dues Renewal

Between October and December of each calendar year, IA&B will distribute an Agency Verification Form (AVF) to each member agency. It will provide the agency a listing of full-time P&C licensed staff on record at IA&B. It is the responsibility of each member agency to complete and return the AVF within a specified time so that the membership renewal invoice accurately reflects the number of full-time P&C licensed staff in each agency. Notification of further changes following the return of the AVF is the responsibility of the agency. No adjustments will be made to dues renewal invoices after the annual dues renewal invoices have been mailed.