



Insurance Agents & Brokers of Pennsylvania

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 Pennsylvania 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 Pennsylvania.

National Affiliations

Insurance Agents & Brokers of Pennsylvania is affiliated nationally with the Professional Insurance Agents (PIA National) and the Independent Insurance Agents & Brokers of America (IIABA).



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Additional Agency Offices

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 that the agency headquarters, the branch must have a separate membership.

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Agency Staff

Please list all staff members who are full-time employees. **Fields in bold are required.**

Primary Agency Member (Voting Member)

Name <small>(First name, middle initial, last name & suffix)</small>	Birth Date <small>mm/dd/yy</small>	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.	/ /	YES NO					

x

Signature of Primary/Voting Member

Additional 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 <small>mm/dd/yy</small>	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.	/ /	YES NO					
3.	/ /	YES NO					
4.	/ /	YES NO					
5.	/ /	YES NO					
6.	/ /	YES NO					
7.	/ /	YES NO					
8.	/ /	YES NO					
9.	/ /	YES NO					
10.	/ /	YES 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:
Applied AMS Other _____</p> <p>10. E&O carrier and expiration date:
_____</p> |
|---|--|

Membership Dues:

- Please use the attached dues schedule to determine your membership dues.
- A portion of IA&B membership dues are deductible as ordinary business expenses under the Internal Revenue Code; however, dues may not be considered as charitable contributions.
- The association's fiscal year begins April 1.
- New members may pay dues on a pro-rated basis depending on time of year joining.
- Dues are subject to change.
- The IA&B Tax Identification Number: 23-1582076
- 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 Pennsylvania
P.O. Box 2023
Mechanicsburg, PA 17055-0763
Phone: (800) 998-9644
Fax: (717) 795-8347
E-mail: iab@iabgroup.com

Office Use:

Date Application Received _____

Membership Approved _____

Dues Amount \$ _____

Check Number _____ P or A

Date Joined _____

IA&B of Pennsylvania Membership Dues Schedule

Membership Dues

- Please use the membership dues schedule below to determine your cost of membership. Dues 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 on your next annual dues invoice.
- IA&B's fiscal year begins on April 1 and runs through March 31 of the following year. Full member benefits are provided through March 31 of the following year regardless of whether agency joins during months listed in Schedule A, B or C below.
- Pro-rated dues are not applicable to an agency in the year in which their membership was non-renewed.

Total # of Full-Time Employees	Full Annual Dues	Schedule A	Schedule B	Schedule C
		Application received between Jan. 1– April 30	Application received between May 1– Aug. 31	Application received between Sept. 1– Dec. 31
Pro-Rate Percentage		100%	75%	50%
1	\$490	\$490	\$368	\$245
2	\$490	\$490	\$368	\$245
3	\$490	\$490	\$368	\$245
4	\$635	\$635	\$476	\$318
5	\$665	\$665	\$499	\$333
6	\$695	\$695	\$521	\$348
7	\$775	\$775	\$581	\$388
8	\$805	\$805	\$604	\$403
9	\$835	\$835	\$626	\$418
10	\$970	\$970	\$728	\$485
11	\$1,000	\$1,000	\$750	\$500
12	\$1,030	\$1,030	\$773	\$515
13	\$1,060	\$1,060	\$795	\$530
14	\$1,090	\$1,090	\$818	\$545
15	\$1,120	\$1,120	\$840	\$560
16	\$1,150	\$1,150	\$863	\$575
17	\$1,180	\$1,180	\$885	\$590
18	\$1,210	\$1,210	\$908	\$605
19	\$1,240	\$1,240	\$930	\$620
20	\$1,340	\$1,340	\$1,005	\$670
21	\$1,370	\$1,370	\$1,028	\$685
22	\$1,400	\$1,400	\$1,050	\$700
23	\$1,430	\$1,430	\$1,073	\$715
24	\$1,460	\$1,460	\$1,095	\$730
25	\$1,490	\$1,490	\$1,118	\$745
26	\$1,520	\$1,520	\$1,140	\$760
27	\$1,550	\$1,550	\$1,163	\$775
28	\$1,580	\$1,580	\$1,185	\$790
29	\$1,610	\$1,610	\$1,208	\$805
30 & Above	\$2,000	\$2,000	\$1,500	\$1,000

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 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 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.