



Celebrating 40 Years of Independence

NAILBA 2021 MEMBERSHIP APPLICATION

Membership in NAILBA reflects an organization's dedication to independent brokerage ideals. A NAILBA member agency works in the ultimate best interest of the consumer, who may access the purchase of life insurance and related products through any number of potential sources (including, but not limited to, career life insurance agents, property/casualty firms, broker-dealers, financial advisors, banks, CPAs and direct marketers). Membership applications must be approved by a majority of the Board of Directors.

REGULAR MEMBER

Qualifications for an agency's acceptance:

1. The agency is an appropriately licensed independent brokerage agency.
2. The agency derives its primary income from brokerage distribution.
3. The agency is free to place business with any carrier.
4. The agency maintains, in good standing, a brokerage general agent's contract with at least three (3) brokerage carriers.
5. The agency is committed to promoting and advocating the independent brokerage system.
6. Applicants must agree to comply with the NAILBA Bylaws and promote the trade and business of independent insurance brokerage agencies and the interests of consumers served by such agencies.

AGENCY INFORMATION

I am applying for membership in the following category:

Regular

Agency _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Web site _____

1. Primary Contact (Voting Member)

Name _____

Title _____

E-mail address _____

If you are applying for Member Emeritus status, skip to signature and payment information sections.

2. Agency Principal/Owner (if not the Primary Contact)

Name _____

Title _____

E-mail address _____

3. Additional Contact

Name _____

Title _____

E-mail address _____

4. Additional Contact

Name _____

Title _____

E-mail address _____

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National Association of Independent Life Brokerage Agencies

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MEMBERSHIP QUESTIONS

Please answer the following questions:

1. Does the principal of the agency have the authority to decide where and with whom business is generated and contracted?
 YES NO

2. 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.

3. Does the general agency have brokerage general agent's contracts with at least three (3) carriers?
 YES NO

4. Please list all carriers with which the agency has a brokerage general agent's contract. Provide first and last name contact for three (3) carriers should we have any questions regarding your application.

5. In what year did the agency start business?

6. Does your agency belong to a marketing group(s)?
 YES NO

If YES, which one(s)?

7. Please indicate which products/services the agency provides (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Life (term, UL, VUL, etc.) | <input type="checkbox"/> Health |
| <input type="checkbox"/> Impaired-risk | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Employee Benefit Plans | <input type="checkbox"/> Broker/Dealer |

VOLUNTEER INFORMATION

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

HOW DID YOU HEAR ABOUT US?

Please let us know how you heard about us and if there is someone we can thank for the referral.

PAYMENT INFORMATION

Regular Member Dues \$1,680

Dues are on a *calendar* year basis (January 1 - December 31) and CANNOT be prorated. Applications for membership for the current year will not be accepted after September 30.

Check # _____ (made payable to NAILBA)

Credit Card VISA MasterCard American Express

Credit Card Number _____

Exp. Date _____ CVV: _____

Name on card _____

Signature _____

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 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. Contributions or gifts to NAILBA are not tax deductible as charitable contributions for Federal income tax purposes.