



PO Box 12129 Tallahassee, FL 32317-2129  
 Ph: 850-893-4155 Fax: 850-668-2852  
 www.faia.com

## Florida Association of Insurance Agents

### MEMBERSHIP APPLICATION 2010-2011

#### MEMBERSHIP AGREEMENT - CONFIDENTIAL

Dues are based on the total amount of the latest calendar year's revenues from Property, Casualty, Life, Accident and Health insurance, but excluding contingency and investment income. However, any increased payment generated by including Life, Accident & Health revenues is capped at one additional category (see Dues Worksheet below). **All branch offices must become members of FAIA along with the main office.** If you have any branch offices, please photocopy this form and complete one for each location. Each location pays FAIA dues based on revenues at that location; however IIABA membership dues are included with the main office payment so branch dues are discounted.

Please photocopy and complete a separate form for each additional location.

# of Locations \_\_\_\_\_ This location is:  Main  Branch The revenue for this location is: \$ \_\_\_\_\_

Agency Name	Federal Tax ID	County
Street Address	City	State
Mailing Address	City	State
Telephone	Fax**	Toll Free Number
Agency Principal		Agency Principal's License Number
Agency Principal's Email address**		Agency Principal's License Number

Please check if you **do not** want your fax and e-mail to be published in the FAIA Membership Directory or on the FAIA Website.\*\*

\*\*By providing the fax number and email above, I consent to the receipt of emails, faxes, and all other correspondence sent to this office and/or offices from the Florida Association of Insurance Agents (FAIA), FAIA Member Services (FMS), and the Independent Insurance Agents and Brokers of America, Inc. (IIABA) and its subsidiaries. My signature below verifies that I have the authority to provide such consent.

**Membership cannot be accepted without an authorized signature below and a copy of the primary agent's insurance license.**

I wish to become a member of the Florida Association of Insurance Agents. My agency is eligible for membership according to Section 1, Article III of the Constitution, printed on the back. I do hereby attest that the information above is correct and that I will adhere to the constitution and Bylaws of FAIA.

I understand that, unless I submit a written request to the contrary, my agency name and/or contact information may be listed in general directories and appropriate FAIA documents.

\_\_\_\_\_  
Signature of Agency Owner or Principal

\_\_\_\_\_  
First Name for Correspondence

\_\_\_\_\_  
Date

Category Code	Location Revenues	If Main Office, Pay	If Branch Office, Pay	Suggested IMPACT	Suggested FAIAPAC
1	Up to \$43.9K	\$400	\$135	\$100	\$100
2	\$44K to \$76.9K	\$750	\$485	\$150	\$125
3	\$77K to \$109.9K	\$975	\$710	\$200	\$150
4	\$110K to \$274.9K	\$1,200	\$935	\$250	\$175
5	\$275K to \$549.9K	\$1,350	\$1,085	\$300	\$200
6	\$550K to \$1.09M	\$1,500	\$1,235	\$350	\$225
7	\$1.1M to \$2.19M	\$1,750	\$1,485	\$400	\$250
8	\$2.2M to \$3.29	\$2,000	\$1,735	\$450	\$275
9	\$3.3M to \$4.39M	\$2,250	\$1,985	\$500	\$300
10	\$4.4M to \$5.49M	\$2,500	\$2,235	\$550	\$325
11	\$5.5M to \$6.59M	\$2,750	\$2,485	\$600	\$350
12	\$6.6M to \$7.69M	\$3,000	\$2,735	\$650	\$375
13	\$7.7M to \$8.79M	\$3,250	\$2,985	\$700	\$400
14	\$8.8M to \$9.89M	\$3,500	\$3,235	\$750	\$425
15	\$9.9M to \$10.9M	\$3,750	\$3,485	\$800	\$450
16	\$11M and above	\$4,000	\$3,735	\$850	\$475

#### FAIA Dues Worksheet

A. P & C Revenues \$ \_\_\_\_\_ Category Code \_\_\_\_\_

B. L, A & H Revenues \$ \_\_\_\_\_

C. Total Revenues \$ \_\_\_\_\_ Category Code \_\_\_\_\_

**Add A and B. Note: Category Code in C is capped at one category higher than A.**

Total dues for this location \$ \_\_\_\_\_ + IMPACT \$ \_\_\_\_\_ + FAIAPAC \$ \_\_\_\_\_ =

Total remittance for this location \$ \_\_\_\_\_

Over

## Employee Count

This information is held in strict confidence and will be used only by FAIA to compile the total number of individual insurance personnel employed by our members.

To determine the dues that **state associations** pay to IIABA, FAIA must provide IIABA with the total number of employees working in each agency. Please use the following definition of "employees."

"Employees include all officers, owners, partners, producers, and other licensed or unlicensed employees and independent contractors who further the work of the agency or brokerage firm, wherever located in this state, whether involved with insurance, employee benefits, other financial services, or the administrative functions of the agency. Those who work 30+ hours per week should be counted as "1." Those who work under 30 hours should be counted as "1/2."

**My total number of employees as defined above is:** \_\_\_\_\_.

## Miscellaneous Information

Current E&O Carrier

E&O Expiration Date

Referred to FAIA by:

Why your agency decided to join FAIA?

### Please have someone contact me regarding:

- E&O Insurance     C.E./Webinar Bundles     Advertising     RLI     Technology Services  
 Trusted Choice     Young Agents Council     Independent Market Solutions     Florida Insurance Research Library

## Dues Payment

### Article III – Membership Section 1

The membership of this Association shall consist of firms or corporations: which are actively, though not exclusively, engaged in the business of property and casualty insurance; which have within their organization one or more agents, in possession of a valid license; who represent a duly licensed property and casualty company or companies that recognize a member's ownership of expirations; who are independent agents who operate as independent contractors of property and casualty insurance companies; who are of good business reputation and who have had experience and training, or are otherwise qualified in the respective lines of insurance which they negotiate and effect; and who subscribe to the objectives of this Association.

- **The association's fiscal year begins September 1 and ends August 31; dues will be prorated on a quarterly basis.**
- A percentage of the dues are non-deductible as a business expense. The estimated non-deductible portion of dues for FY 2010-2011 is 14.94%.

### Dues Payment Options:

Check Enclosed \$ \_\_\_\_\_  
(Make Checks Payable to Florida Association of Insurance Agents)

Please charge to my credit card \$ \_\_\_\_\_

- VISA     MasterCard

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\_\_\_\_\_/\_\_\_\_\_  
Expiration Date                  V-Code

\_\_\_\_\_  
Name on the credit card

\_\_\_\_\_  
Cardholder Signature

### Mail or fax your membership application to:

Florida Association of Insurance Agents  
PO Box 12129  
Tallahassee, Florida 32317  
Phone: (850) 893-4155  
Fax: (850) 668-2852  
E-mail: dshipley@faia.com

### Office Use:

Date Application Received \_\_\_\_\_  
Membership Approved by \_\_\_\_\_  
Dues Amount \$ \_\_\_\_\_  
FAIAPAC \$ \_\_\_\_\_  
IMPACT \$ \_\_\_\_\_  
Date Joined \_\_\_\_\_  
FAIA # \_\_\_\_\_

**Thank you for joining the Florida Association of Insurance Agents!**