

## MEMBERSHIP APPLICATION

On behalf of our firm, we hereby make application for membership in the Independent Insurance Agents & Brokers of Washington (IIABW) and the Independent Insurance Agents & Brokers of America (IIABA). If accepted, we pledge to abide by the association's Code of Ethics (on our web site, [www.wainsurance.org](http://www.wainsurance.org)) and to adhere to the Insurance Code and Regulations of the State of Washington. We are an independent agent as defined by IIABW with "the ability to write business for more than one insurance company and solicits business for itself rather than for a single company and owns the majority of the expirations produced in the agency."

### SECTION I - INFORMATION

Agency/Brokerage Name \_\_\_\_\_

Key Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Zip \_\_\_\_\_

Street Address \_\_\_\_\_ Street Zip \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_

Agency E&O X Date \_\_\_\_\_

Why are you joining IIABW? \_\_\_\_\_

\_\_\_\_\_

### SECTION II - BRANCH INFORMATION (if no branch office(s), skip to SECTION III)

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

(If more than 1 branch, please attach a list of additional Branches to this application.)

Mailing Address \_\_\_\_\_ Mailing Zip \_\_\_\_\_

Street Address \_\_\_\_\_ Street Zip \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Key Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

### SECTION III - STAFF INFORMATION

Please provide the following information on other principals, producers and staff you would like to receive our email IIABW Bulletin.

Employee Name	Professional Designations	Position	Email	If branch, indicate which location

### SECTION IV - DUES

IIABW collects dues based on the total number of licensed employees in the agency's main office and branches. Employees include all officers, owners, partners, producers, CSRs, etc. in the insurance and employee benefits departments. Employees who work 30+ hours per week should be counted as '1' and those who work under 30 should be counted as '1/2' (round fractions down).

IIABW's fiscal year runs from September 1 through August 31 and **dues may be prorated based on the number of months remaining in the fiscal year.**

Total Number of Licensed Employees \_\_\_\_\_

Total Dues Enclosed \_\_\_\_\_

Please make your check payable to IIABW and return with this application to:

**IIABW, 11911 NE 1<sup>st</sup> St, Ste B103, Bellevue, WA 98005.**

# of Licensed Employees	Dues	# of Licensed Employees	Dues
1	\$420	17	\$1655
2	\$420	18	\$1760
3	\$420	19	\$1865
4	\$472	20	\$1970
5	\$525	21	\$2075
6	\$576	22	\$2180
7	\$655	23	\$2285
8	\$734	24	\$2390
9	\$815	25	\$2495
10	\$920	26	\$2600
11	\$1025	27	\$2705
12	\$1130	28	\$2810
13	\$1235	29	\$2915
14	\$1340	30	\$3020
15	\$1445	31	\$3125
16	\$1550	32+	\$3300



**Note:** As an added benefit, your IIABW membership dues includes participation in Trusted Choice®, the national independent agents' brand. After the processing of your membership application, you will receive a welcome correspondence from Trusted Choice® about how to take advantage of all its benefits. You may visit the Trusted Choice® website at [www.TrustedChoice.com](http://www.TrustedChoice.com) for more information about the program. **Please be sure to review the attached Trusted Choice® License Agreement, including the Pledge of Performance and return the signed Trusted Choice® form with your membership application.**

#### Important Trusted Choice Information

Please review the attached Trusted Choice License Agreement and the Pledge of Performance. We must receive an authorized signature to process Trusted Choice enrollment.

**By signing below, I certify that I have read the Trusted Choice License Agreement and the Pledge of Performance and agree to the terms.**

Signature of Agency Principal \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_ (needed to activate Trusted Choice)



Independent Insurance Agent

# Trusted Choice® Pledge of Performance

Trusted Choice® agencies are insurance and financial services firms whose access to multiple companies and commitment to quality service enable us to offer our clients competitive pricing, a broad choice of products and unparalleled advocacy.

As a Trusted Choice® agency, we are dedicated to you and are committed to treating you as a person, not a policy. This commitment means we shall:

- Work with you to identify the insurance and financial services that are right for you, your family or your business and use our access to multiple companies to deliver those products.
- Guide you through the claims process for a prompt and fair resolution of your claim.
- Help you solve problems related to your coverage or account.
- Explain the coverages and options available to you through our agency, at your request.
- Return your phone calls and emails promptly and respond to your requests in a timely manner.
- Provide 24/7 services for our customers, offering any or all of the following: emergency phone numbers, Internet account access, email and call center services.
- Use our experience and multiple company relationships to customize your coverage as needed.
- Commit our staff to continuing education so they may be more knowledgeable in serving you.
- Treat you with respect and courtesy.
- Conduct our business in an ethical manner.

We pledge this to you, our clients and ask that you let us know if we fail to meet our commitment, so we may take corrective action.