



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) 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Important Trusted Choice Information



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 <https://trustedchoice.independentagent.com/> for more information about the program.

By using the Trusted Choice® resources and/or logo, your agency agrees to be bound by the Trusted Choice® License Agreement. Email TrustedChoice@iiaba.net with any questions.

Signature of Agency Principal _____ Date _____

Email address _____ **(needed to activate Trusted Choice)**
9/23