

INDEPENDENT INSURANCE AGENTS OF TARRANT COUNTY

1321 W. Randol Mill Rd. | Suite 112 | Arlington, TX 76012

817.548.9691 Telephone | 817.548.9371 Fax | iiatc@aol.com | www.iiatarrant.com

AGENCY MEMBERSHIP APPLICATION

ELIGIBILITY

We certify that this agency:

1. Has a Texas general lines or limited lines property and casualty license;
2. Operates on a commission basis and has sole ownership of all accounts and expirations;
3. Is actively engaged in business as an agent of one or more insurance company;
4. Has the legal ability to represent more than one insurance company;
5. Is of good business reputation and subscribes to the bylaws of this association

MEMBER INFORMATION

Agency Name:

Primary Contact Name:

Street address:

City:

State:

ZIP Code:

Mailing address:

Phone:

E-mail:

Web Page:

Our agency is incorporated: YES NO

Year established:

Our agency specializes in the following lines of coverage:

Insurance companies represented:

AGENCY PERSONNEL HEADCOUNT

LIST ALL AGENCY EMPLOYEES WHO WORK 20 OR MORE HOURS PER WEEK
(MAKE ADDITIONAL COPIES IF NECESSARY)

Role (Principal, Producer, CSR, Office Mgr, Accounting, Admin Asst or Other)	Name	E-mail

ENTER TOTAL HEADCOUNT HERE: _____

NEWSLETTER DISTRIBUTION

PLEASE LIST EMPLOYEE EMAIL ADDRESSES FOR WHO SHOULD RECEIVE A COPY OF OUR MONTHLY NEWSLETTER.

Name:	E-mail:
Name:	E-mail:
Name:	E-mail:
Name:	E-mail:
Name:	E-mail:

YOUNG AGENTS GROUP

List agency personnel 40 years of age or younger:

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CERTIFICATION

We certify that the information provided above is true and correct and that we have read the eligibility requirements and qualify as an independent insurance agency as outlined.

We agree to observe the By-Laws and rules of IIATC and to pay dues based on our agency personnel headcount by the due date.

We understand that in case of any question concerning the headcount, the IIATC Board of Directors reserves the right of verification.

This information is certified by the following agency principal:

SIGNATURE: _____

NAME: _____

How did you hear about IIATC? _____

Please list your primary reason(s) for joining IIATC: _____

DUES INFORMATION

Dues are based on total agency personnel headcount, including owners/principals.

Dues are paid annually.

Membership will be terminated for failure to pay dues within 30 days of the due date.

PAYMENT INFORMATION

SEE ATTACHED DUES SCHEDULE FOR DUES CALCULATION

Check enclosed for \$

Charge my VISA MASTERCARD AMER EXPRESS

Name on card:

Card Number:

Expiration Date:

Signature of cardholder:

Date:

Thank you for your interest in the Independent Insurance Agents of Tarrant County. If you have any questions, please call Victoria Weir at 817.548.9691. We look forward to serving you as a member of the local association!

Mail this application to IIATC, 1321 W. Randol Mill Rd. #112, Arlington, TX 76012