



Association of Financial Insurance Brokers

Application for Regular Membership

APPLICANT INFORMATION

Agent / Broker Name:

Agency Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Years Experience:

Street Address (if different from above):

Email Address:

AGENCY INFORMATION

How were you referred to the AFIB:

Major Lines:

State of incorporation:

Is your agency in good standing with that state's secretary of state? Yes No

Areas of expertise you are willing to share with AFIB:

Territory:

Number of accounts currently serviced:

Agency's total premium: \$

Primary type of account serviced: Banks Savings & Loans Credit Unions Other

If other, please explain:

Has your company been the subject of adverse action or discipline by a regulatory agency or do you have any unresolved complaints by a consumer advocate or standard-setting organization (such as the BBB)? Yes No

If so, please provide details:

If your company is regulated by a state department of insurance:

Do you hold current insurance license(s)? Yes No

Have your license(s) ever been revoked by an insurance department or have you been the subject of adverse action or discipline? Yes No

If so, please provide details:

Has your company lost its membership or been subject to professional discipline by another professional organization? Yes No

If so, provide details:

REFERENCES & DUES

- Two letters of recommendation are required by AFIB Regular Members
- Annual Membership Dues will be billed upon membership approval

SIGNATURES

I understand that this application is subject to review by AFIB's Board of Directors and Regular Members and that AFIB reserves the right to determine acceptability. I certify that the above information is correct. Information of a confidential nature should not be included on this Application as this Application will be provided to all AFIB members.

Signature of applicant:

Date:

Date received (for office use only):

Date accepted: