Independent Insurance Agents of the Panhandle

PO Box 945 | Amarillo, TX 79105 Phone: 806.352.5723 | Fax: 806.355.7060

Email: iiapanhandle@gmail.com

AGENCY MEMBERSHIP APPLICATION ELIGIBILITY	
MEMBER INFORMATION	
Agency Name:	
Primary Contact Name:	
Agency Principals:	
Street Address:	
City, State, Zip:	
Mailing Address:	
Phone:	Web Page:
Our Agency is incorporated: YES NO	Year Established:
Our agency specializes in the following lines of coverage:	
Insurance Companies Represented:	
insurance companies represented.	
CERTIFI	CATION
We certify that the information provided above is true and correct an independent insurance agency as outlined. We agree to observe the By-Laws of IIAP and to pay dues based of the understand that in the case of any question concerning the a right of verification.	on our annual agency premium.
This information is certified by the following agency principa SIGNATURE:	ıl:
NAME:	
Date Signed:	
Please list your primary reason(s) for joining IIAP:	
DUES INFO	PRMATION
Dues are based on premium volume: Small (< \$5 Million Annual Dues are paid quarterly - Small: \$40 per quarter, Large: \$160 per Membership will be terminated for failure to pay dues within 60 Quarterly Lunch Charges will be invoiced separately from dues.	quarter
PAYMENT INFORMATION	
Check enclosed for \$	Mail Invoice