



AFFILIATED MEMBERSHIP APPLICATION

Agency Legal Name _____

Agency DBA Name _____

Street Address _____ P.O. Box # _____

City _____ County _____ ZIP _____

Phone (____) _____ Fax (____) _____

Do you have additional locations? No ___ Yes ___ (attach details)

Website _____

FEIN# _____ Agency License # _____ Year Established _____

Legal Entity: Sole Proprietor ___ S Corporation ___ C Corporation ___ LLC ___ Partnership ___

Membership: IIABA ___ PIA ___ Other Trade Organizations _____

Market Aggregators/Franchisors/Clusters _____

Agency Contact _____ Title _____ Email: _____

Please list all principals and/or stockholders, partners or sole proprietor:

| Name | Title | % Ownership |
|------|-------|-------------|
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Staff Information:

| | |
|------------------------------|--|
| Number of Licensed Producers | |
| Number of Licensed CSRs | |
| Number of Unlicensed Staff | |

Have any principals or licensed staff:

- Been convicted of a felony? No ___ Yes ___
- Filed for bankruptcy? No ___ Yes ___
- Have outstanding delinquent debt of \$10,000 or more? No ___ Yes ___
- Been the subject of investigation of an insurance authority? No ___ Yes ___
- Had an E&O claim? No ___ Yes ___

Attach details if you checked "Yes" for any of the above questions.

Top 5 Carriers by Volume

| Name | Personal Premium | Commercial Premium | Total Premium |
|------|------------------|--------------------|---------------|
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Top 5 Wholesale Markets by Volume

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General Questions:

1. Do you have any areas of specialization? If yes, please identify _____
2. Do you finance insurance premiums? No ___ Yes ___
 - a. Finance company name _____
 - b. Annual amount financed _____
3. Do you know a current ARM member agency? No ___ Yes ___
 - a. ARM member agency name _____
4. Would anyone in your agency be interested in serving on an ARM committee? No ___ Yes ___
 - a. Name _____
 - b. Area of interest _____
5. If at a later date an ARM Shareholder group was established in your state, would you consider participation? No ___ Yes ___

Please attach:

1. Resident Agency License
2. E&O Declarations Page
3. Most Recent Income Statement and Balance Sheet
4. List of all agency personnel with name, title and email address
5. Brief bios for agency and principal(s)

I agree that this application for membership is subject to the approval of the ARMI Board of Directors. I hereby certify that the information contained in this application is true and correct. This application and attachments will be treated as confidential and only shared with the ARMI Board of Directors to evaluate prospective candidates for ARM Affiliated Membership.

Applicant Signature _____

Name _____ **Title** _____ **Date** _____

Mail this application and attachments to ARM International at P.O. Box 278389, Riverdale, IL 60827-8389, or email to Barb Amft at bamftarmof01@insuremail.com.