



**Independent Insurance Agents  
& Brokers of America, Inc.**

**AGENT/AGENCY APPOINTMENT REQUEST FORM**

**NOTE:** An email confirmation will be sent from IIABA acknowledging receipt of your agent/agency appointment request form. Completion of this form does not guarantee a company appointment. This form will be directed to the Diversity Task Force Carrier Representative(s) for review. If your agency meets the necessary qualifications you may be contacted by the carrier representative(s) directly. If you have any questions, please contact the IIABA Diversity Office 800/221-7917.

**AGENT/AGENCY INFORMATION**

Applicant

Agency Name

Street Address

City

State

Buisness Address

City

State

Buisness Phone Number

Buisness Fax Number

Email Address

Website Address

Satellite Office(s) *\*{ Please list all satellite offices and locations}\**

City

State

1.

2.

3.

4.

**BACKGROUND INFORMATION**

How many years has the agency been established ?

What is the experience level of the agency ownership ?

Number of Employees:

Owners		Producers	
Principals		CSR'S	
Managers		Others	

## BACKGROUND INFORMATION (continued....)

What is your agency's multicultural demographic percentage calculation for:

Owners		Producers	
Principals		CSR'S	
Managers		Others	

What is your multicultural client base demographic percentage calculation for:

African-American		Native-American	
Asian-American		Others	
Hispanic			

## PREMIUM VOLUMES

Personal Lines Written Premium Volume

Total \$

New \$

Commercial Written Premium Volume

Total \$

New \$

Life/Health Written Premium Volume

Total \$

New \$

## TOP CARRIERS

Top Carriers Personal Lines

Top Carriers Commercial Lines

Top Carriers Life/Health

## AGREEMENT

I hereby certify that the information provided on this request form is true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_