



www.usaalliance.org

PROSPECTIVE MEMBER APPLICATION

1. COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

Location Address: _____

Phone Number: _____ Fax Number: _____

Type of Firm corporation LLC other: _____

Year Founded: _____ Web Site: _____

2. BRANCH OFFICE INFORMATION

Do you have any branch offices? Yes No

Provide City/State for each Branch Office Location: (attach list of all branch locations if more than three)

1. _____ 2. _____ 3. _____

3. KEY PERSONNEL (Please provide resume of each Note: Those listed below will be list in the membership roster.)

Name: _____ Title: _____
Email Address: _____ Phone: _____
Spouse Name: _____ Spouse Email: _____

Name: _____ Title: _____
Email Address: _____ Phone: _____
Spouse Name: _____ Spouse Email: _____

Name: _____ Title: _____
Email Address: _____ Phone: _____
Spouse Name: _____ Spouse Email: _____

4. OWNERSHIP INFORMATION

Is your agency independently owned & operated? Yes No

List owners along with percentage of ownership:

Name	Ownership%	Name	Ownership%

5. BUSINESS OPERATIONS

Number of Employees: _____ Number of retail agencies appointed _____

Active insurance association memberships: (check all that apply)

WSIA PIA IAB PLUS Target Markets Other: _____

Total Annual Volume (all offices): \$ _____

Type of Operation: Check all that apply & provide percentage of operations. (total 100%)

MGA/Wholesaler _____ % Retail Agency _____ % Program Manager _____ %
 Insurance Company _____ % Other (specify): _____ %

Type of Business:

Commercial Lines _____ % Personal Lines _____ %
 Other (specify): _____ %

States Business is Written: (check all that apply)

- | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> FL | <input type="checkbox"/> LA | <input type="checkbox"/> NC | <input type="checkbox"/> OK | <input type="checkbox"/> VA |
| <input type="checkbox"/> AL | <input type="checkbox"/> GA | <input type="checkbox"/> MA | <input type="checkbox"/> ND | <input type="checkbox"/> OR | <input type="checkbox"/> VT |
| <input type="checkbox"/> AR | <input type="checkbox"/> HI | <input type="checkbox"/> MD | <input type="checkbox"/> NE | <input type="checkbox"/> PA | <input type="checkbox"/> WA |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> ME | <input type="checkbox"/> NH | <input type="checkbox"/> RI | <input type="checkbox"/> WI |
| <input type="checkbox"/> CA | <input type="checkbox"/> ID | <input type="checkbox"/> MI | <input type="checkbox"/> NJ | <input type="checkbox"/> SC | <input type="checkbox"/> WV |
| <input type="checkbox"/> CO | <input type="checkbox"/> IL | <input type="checkbox"/> MN | <input type="checkbox"/> NM | <input type="checkbox"/> SD | <input type="checkbox"/> WY |
| <input type="checkbox"/> CT | <input type="checkbox"/> IN | <input type="checkbox"/> MO | <input type="checkbox"/> NV | <input type="checkbox"/> TN | |
| <input type="checkbox"/> DE | <input type="checkbox"/> KS | <input type="checkbox"/> MS | <input type="checkbox"/> NY | <input type="checkbox"/> TX | |
| <input type="checkbox"/> DC | <input type="checkbox"/> KY | <input type="checkbox"/> MT | <input type="checkbox"/> OH | <input type="checkbox"/> UT | |

Binding Authority Carriers Represented: (list top 5)

	Insurance Company Name	Lines of Business
1.		
2.		
3.		
4.		
5.		

6. MISCELLANEOUS INFORMATION

How did you hear about the USA Alliance? _____

How would being a member of the USA Alliance benefit your company? _____

Are you acquainted with any of the current members of the USA Alliance? Yes No

If yes, which member(s)? _____

By signature hereto, the applicant hereby gives permission for any investigation by or on behalf of the USA Alliance in connection with the application. I understand that, in accordance with USA Alliance Bylaws, applications must be favorably considered by the USA Alliance Membership and Executive Committees before new member agencies can be approved. I warrant that my agency is independently/family owned and operated. We uphold a professional image with the highest level of respect and integrity in the industry and confirm to be financially sound.

Printed Name: _____ Title: _____

Signed: _____ Date: _____