



380 BEDFORD HIGHWAY HALIFAX, N.S. B3M 2L4  
Tel: 902-876-0526 Fax: 902-876-0527 Website: www.ibans.com

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**RENEWAL MEMBERSHIP APPLICATION - 2010**

CORPORATE  ASSOCIATE  INDIVIDUAL

*Please advise the IBANS office of any changes to your address or staffing by either fax or email info@ibans.com.*

**CONTACT INFORMATION:**

Name of Organization/Individual \_\_\_\_\_

Courier Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address *(if different than courier address)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Office EMAIL \_\_\_\_\_ *(for all general IBANS communications)*

Name(s) of Owner /Principal(s) \_\_\_\_\_

PRINCIPAL'S EMAIL \_\_\_\_\_ *(for voting purposes and specific industry issues)*

Name of Manager \_\_\_\_\_

Manager's EMAIL \_\_\_\_\_

Name of Accounting contact \_\_\_\_\_

Accounting/Invoicing contact EMAIL \_\_\_\_\_

Name of Professional Development contact \_\_\_\_\_

Professional Development contact EMAIL \_\_\_\_\_

Website Address \_\_\_\_\_

**Please provide a complete list of branch offices including: address, phone, fax, email and website.**

**GENERAL INFORMATION:**

Number of years in business \_\_\_\_\_ Agency License # \_\_\_\_\_

Names of currently licensed persons including principals and license #s. *(you may need to attach a separate sheet)*

<b>LICENSE #</b>	<b>BROKER</b>	<b>PD Designation(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List of full time and part time employees not licensed. *(you may need to attach a separate sheet)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many of your current staff would be considered Young Brokers (40 years of age or less)? \_\_\_\_\_

What is your organization's anticipated enrollment for CAIB courses this year? \_\_\_\_\_

General insurance companies represented in office.

_____	_____
_____	_____
_____	_____
_____	_____

**ANNUAL PREMIUM VOLUME OF BROKERAGE (Commercial & Personal)**

LESS THAN \$500,000 _____	\$3 M to \$5 M _____
\$500,000 to \$1 M _____	\$5 M to \$7 M _____
\$1 M to 2 M _____	\$7 M to \$10 M _____
\$2 M to 3 M _____	\$10 M to \$20 M _____
Over \$20 M _____	

What percentage of your business is personal auto? \_\_\_\_\_

Name of E&O carrier \_\_\_\_\_

If you participate in IBANS E&O program please provide the person who looks after this information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POLICY # \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of fidelity carrier \_\_\_\_\_

POLICY # \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of financial institution where trust account is maintained.

\_\_\_\_\_

When is your fiscal year end? \_\_\_\_\_

IS BROKERAGE OWNED OR CONTROLLED (MAJORITY INTEREST) BY ANY INSURER OR FINANCIAL INSTITUTION (*If yes, firm is ineligible for corporate membership but may be eligible for associate membership- -non-voting.*)      NO    YES

DO AGENCY AGREEMENTS PROHIBIT THE REPRESENTATION OF OTHER INSURERS OR GROUPS OF INSURERS (*If you can represent only one company you are ineligible for corporate or associate membership*)    NO    YES

**I/We hereby agree to observe strictly the By-laws, Rules and Regulations and Code of Ethics of the Insurance Brokers Association of Nova Scotia (IBANS), as it now is, or may hereafter be constitutionally amended, holding faithfully to the spirit as well as to the letter of said By-laws, Rules and Regulations and Code of Ethics, and also agree that violation by another broker shall not be deemed as in any manner waiving my/our obligations under this agreement.**

Official Signature: \_\_\_\_\_ Date:\_\_\_\_\_

