

MEMBERSHIP APPLICATION

AGENCY INFORMATION

AGENCY NAME:

Street Address

Suite/Unit#

City

Province

Postal Code

Phone

Fax

Email Address

Please Check one: Corporation Partnership Sole Proprietor Other (specify) _____

PRINCIPAL INFORMATION

This is the designated "Key Contact" and empowered to vote on behalf of the Agency

First Name

Last Name

Title

Years in Brokerage

Email

AGENCY OFFICER NAMES

Privacy Legislation

Email

Technology

Email

Marketing

Email

Compliance Issues

Email

Each agency may have up to three (3) Debt Monitoring contacts. In order to gain access to the CAILBA Debt Monitoring System (DMS), each individual will have to sign an agreement.

Agent Debt Monitoring (1)

Email

Agent Debt Monitoring (2)

Email

Agent Debt Monitoring (3)

Email

Is the agency owned, financed, or controlled by an insurance company, insurance employee, and/or an employee of a non-independent agency?

Yes No

Is the Agency and all of its officials/officers in good standing in all the Provinces and with which the Agency does business?

Yes No

If No, please provide details:

COMMITTEE

Please indicate which committee most appeal to you. Committee participation is strictly voluntary, if you are interested in participating in a committee, please contact info@CAILBA.com

- Company & Industry Relations and Compliance
Errors & Omission
Membership
Technology

MEMBERSHIP DUES/FEES

Your application will be pending for approval upon submission. Applications are approved at the end of each month by the Board of Directors. Once approved you will become a full member. Membership dues are calculated on a pro-rated basis. For example, if you submit your application in January and approved at the end of the month, your membership will be effective starting the month of February, therefore will pay 11/12 of the annual membership due. Any applications submitted in the last quarter (October – December) of the year will receive the remainder of the year for free and your annual dues collected will be for the following year.

The following are represented as annual membership. Please check one of the following:

- Independent MGA (Managing General Agent) - \$1,250.00 + \$62.50 GST = \$1,312.50**

An established independent licensed life brokerage agency selling Life and Health Insurance through life insurance agents of brokers. Members are subject to pay all dues and assessments.

- Corporate MGA (Managing General Agent) - \$1,250.00 + \$62.50 GST = \$1,312.50**

An established licensed life brokerage agency selling Life and Health insurance through life insurance agents or brokers. Members are subject to pay all dues and assessments.

- Industry Supplier - \$3,125.00 + \$156.25 GST = \$3,281.25**

A life insurance company or supplier to the industry. Members are subject to pay all dues and assessments.

DISCLAIMER AND SIGNATURE

In submitting this application, I attest the information given herein is complete and correct to the best of my knowledge. Further, I authorize CAILBA officers and/or agents to conduct inquiries and to obtain standing of this agency and its principals in the provinces and with the companies with which this agency does business. I further agree, if accepted for membership, to comply with the CAILBA Bylaws, Policies, and the Statement of Responsibilities.

Signature

Date

Title

Payment Amount:

Cheque #:

Thank you for your Support!

Complete this form or visit us at
<http://www.cailba.com/joincailba1.asp> for an online application.

Mail completed and signed application and attach payment
(cheque made payable to CAILBA) to:

105 King Street East Toronto, ON M5C 1G6

Phone: (416) 548-4223 Fax: (416) 340-9977

Email: info@CAILBA.com Website: www.CAILBA.com

