



## **National Brokerage Agencies, Inc. Membership Application**

Prospective Member,

Thank you for considering membership into the National Brokerage Agencies, Inc.

Please complete the application in its entirety, sign it and include the following items:

- Letter of Certification from your resident state
- Errors & Omissions
- Check for \$100 made payable to “NBA” for the application fee
- Letter of Recommendation from your NBA Nominator/Sponsor
- Personal Biography
- Two letters of recommendation from two separate insurance companies.
- Verifiable proof of life / annuity/ health production for the past 12 months.

Please send the application and attachments to:

**Jean E. Yerrington, Executive Director  
National Brokerage Agencies, Inc.  
990 Ellis Woods Road  
Pottstown, PA 19465**

Please contact the referring NBA member and inform him that you are submitting your application. He will then send a letter of recommendation to the Executive Director for review.

If you have any questions regarding this form or membership please contact Jean Yerrington at 888-495-7120.

Thank you,

Membership Committee



## Membership Application

Applicant Name \_\_\_\_\_ Designations \_\_\_\_\_  
Nickname \_\_\_\_\_ Sex:  Male  Female  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Email: \_\_\_\_\_

Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Agency Name \_\_\_\_\_  
Business Entity:  Corporation  Partnership  LLC  LLP  Sole Proprietor  
Business Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Web Site \_\_\_\_\_ Tax ID \_\_\_\_\_  
Send Correspondence To:  Home  Office  Mailing

List Primary Employees (include all Owners) & Duties (put an \* by the person to contact in your absence):

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**What Companies do you hold a FULL MGA/BGA Contract?**

	Company	Annual Premium	Direct Contract	Through Another BGA	Through another Mktg Org	Years Contracted
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

# Of Years in Life Insurance Business: \_\_\_\_\_ # Of Years in Brokerage: \_\_\_\_\_  
 # Of Brokers on Mailing List: \_\_\_\_\_ # Of Brokers Licensed: \_\_\_\_\_  
 # Of Brokers you receive business from in a year \_\_\_\_\_

**Primary Source of Agency Income - % of 100%**

Coverage Type	Percentage	Coverage Type	Percentage
Term		Individual Health	
Ordinary/Universal Life		Group Health	
Long Term Care		Ancillary Group	
Annuities		Other	

**Premium Production For Past Three Years**

Year	Ordinary	Term	LTC	Annuities	Individual Health	Group Health	Ancillary Group
2008							
2009							
2010							

What percentage of your time is involved in Personal Sales? \_\_\_\_\_

Do you belong to any other Producer Groups? \_\_\_\_\_  
 If so, please provide the name of the Organization: \_\_\_\_\_

Is there any reason you cannot submit business through the NBA Core Companies? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

Errors & Omissions Insurance Carrier (please attach a copy with your application):

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

- Do you have an outstanding debt with any company?  Yes  No
- Have you ever been bankrupt or insolvent (personal or business)?  Yes  No
- Have you ever had a complaint filed against you by any insurance department?  Yes  No
- Have you ever had an insurance license denied or revoked?  Yes  No
- Have you ever been refused a surety or fidelity bond?  Yes  No

If the answer to any of the above questions is “yes”, please provide details: \_\_\_\_\_

\_\_\_\_\_

I could contribute to NBA’s growth and success by: \_\_\_\_\_

\_\_\_\_\_

- 1.) I will attend at least one of the semi-annual meetings each year, generally April & October.
- 2.) I will  will not  be able to participate in the administration of NBA.
- 3.) I will  will not  be able to serve on a committee.
- 4.) I will commit to a presentation to the group of my Agency functions and unique procedures.

**I hereby apply to become a Member Agency of the National Brokerage Agencies, Inc. Upon approval and election, I agree to treat all NBA business and activities as confidential. I agree to exchange with NBA members, information concerning my agency operation and respond promptly to all communications and requests. I also agree to place my production through NBA companies.**

\_\_\_\_\_  
**Name of NBA Nominator**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



Addendum to NBA Membership Application

## **NBA Production Placement Agreement**

Within six (6) months of being approved for NBA membership, I/We agree to transfer our existing carrier contracts that are identified as NBA Core Carrier Companies as defined on the NBA website.

Failure to do so may result in membership termination. A request for an exception must be presented to the NBA Board for approval.

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*Signing Officer Signature / Agency Principal*

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*Date*

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*Agency Name*

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