



## FULL BROKERAGE AND ASSOCIATE MEMBERSHIP APPLICATION

*Please print clearly and return completed form to IBABC as soon as possible.  
Application form will not be processed unless completed accurately.*

### Statement of Confidentiality

*The Insurance Brokers Association of B.C. assures that the answers to the following questions will be treated with the strictest confidentiality in compliance with the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and the Provincial Personal Information Protection Act (PIPA) which protects an individual's right to privacy. For more information on our Privacy Policy, please contact our Privacy Officer.*

### 1. BROKERAGE AND ASSOCIATE MEMBERSHIP

#### 1.1 CONTACT INFORMATION

Name of Brokerage/Agency:		
Address:	City:	Prov:
Postal Code:	Web Site:	Corporate Email:
Telephone: (    )	Fax: (    )	
Main Contact:	Position:	E-mail:

#### 1.2 TYPE OF ENTITY (Please mark appropriate box)

- Incorporated
- General Partnership
- Limited Partnership (created under the provisions of a provincial or other statute)
- Individual or sole proprietorship

#### 1.3 CORPORATE

*If brokerage is incorporated, list the names of shareholders and the percentage of voting shares held by each shareholder.*

Shareholders	Voting Shares (%)
a)	
b)	
c)	

d)	
e)	

1.4 GENERAL PARTNERSHIP

*If brokerage is a general partnership entity, please list the names of the partners and percentage of interests held by each partner:*

Name of Partner(s)	% of Interest
a)	
b)	
c)	
d)	
e)	

*For each partner that is incorporated, list the names of its shareholders and the percentage of voting shares held by each shareholder:*

Name of Partner(s)	% of Interest
a)	
b)	
c)	
d)	
e)	

1.5 LIMITED PARTNERSHIP

*If brokerage is a limited partnership, please list the name(s) of partners:*

Name of Partner(s)	% of Interest
a)	
b)	
c)	
d)	
e)	

*For each limited partner that is incorporated, list the names of shareholders and the percentage of voting shares held by each shareholder:*

<b>Name of Limited Partner Entity</b>	<b>Name of Shareholders</b>	<b>Voting Shares (%)</b>
a)		
b)		
c)		
d)		
e)		
f)		

1.6 AFFILIATES

*If applicant is an incorporated, general or limited partnership entity, please list the names of all affiliated brokerages:*

Company	Location
1.	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Contact: _____
2.	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Contact: _____
3.	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Contact: _____

1.7 AFFILIATES OF BROKERAGE OFFICES

*List all of the brokerage offices of each affiliate listed above:*

Name of Company	Location
a)	
b)	
c)	
d)	

1.8 SPONSORSHIP

<b>Sponsoring Company</b>	Date sponsored (if within 2 years)

1.9 OTHER INSURERS REPRESENTED (excluding ICBC)

Company	Location
a)	
b)	
c)	
d)	

Do you have an ICBC Autoplan license?      YES       NO

1.10 ERRORS & OMISSIONS INSURANCE

Do you carry an Errors & Omission Insurance?      YES       NO

<b>Limits Carried:</b>	<b>Name of Carrier:</b>

1.11 BUSINESS REFERENCES

*Please list three insurance business references:*

Name	Insurance Business	Telephone
a)		
b)		
c)		

1.12 OTHER RELEVANT INFORMATION

Number of brokerage or branch locations			
Number of brokerage/agency employees (licensed full time & part time)			
Number of brokerage licensed agents in all locations			

1.13 BRANCH LOCATIONS

*Please provide contact and other relevant information on all branches included in this application.*

	<b>Location</b>
Key Contact: _____ No. of Employees: _____	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____
Key Contact: _____ No. of Employees: _____	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____
Key Contact: _____ No. of Employees: _____	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____
Key Contact: _____ No. of Employees: _____	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____
Key Contact: _____ No. of Employees: _____	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____
Key Contact: _____ No. of Employees: _____	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____

*Please provide a list of all employees (first and last name) that are licensed, license numbers and email address for our database.*

**2. DELEGATE MEMBER APPOINTMENT**

*NOTE: Associate Membership does not include broker member proxy or delegate membership although a key contact per location is required. Please complete each of the following Sections regardless of membership category.*

**2.1 BROKERAGE OFFICE(S)**

*List all brokerage offices affiliated with this application (other than those listed in Section 1.7).*

<b>Company</b>	<b>Location</b>
1.	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Contact: _____
2.	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Contact: _____
3.	Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Contact: _____

**2.2 BROKERAGE MEMBER PROXY HOLDER**

*Please identify one person who will hold proxy vote for the corporation at the next Annual General Meeting. This appointment must be renewed annually with the Association office.*

<b>Name of Proxy Holder</b>	<b>Telephone</b>	<b>Email</b>

2.3 APPOINTMENT OF DELEGATE MEMBERS

*Each full brokerage member is entitled to appoint delegate members in accordance with the By-laws of the Association. Please list the names, license number/ expiry dates, and office locations of the proposed employees for the applicant's delegate members (see attached Appendix 1 for definition of "Employee"). Please attach a schedule containing such information, if necessary. Upon confirmation of the number of delegate memberships to which the applicant is entitled, the Association will grant Delegate Memberships to qualified employees in the order listed below:*

Name of Delegate	Position

2.4 MEMBERSHIP

Please indicate the type of membership you are applying for:

- FULL BROKERAGE MEMBERSHIP** (Voting)
- ASSOCIATE MEMBERSHIP** (Non-Voting)

*Brokerages who are unable to meet the requirements for Full Brokerage Membership or Delegate Membership but who satisfy the requirements of Associate Membership, as determined by the Directors from time to time, may become Associate Members of the Association. Please see attached excerpt from the Constitution & Bylaws of the Insurance Brokers Association of B.C.*

*If this is an Associate Membership application, please state your reason (e.g. ownership, wholesale entity, financial institution, or managing general agents)*

REASON: \_\_\_\_\_

*Please provide us with a brief company profile.*

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**NOTE:**

*If financial institution ownership is disclosed on this application form, the applicant may be requested to provide additional information to the Association for purposes of determining whether the applicant is "controlled" by a financial institution (see attached Appendix 1 for definitions of "Control and Financial Institution).*

*All applications will be processed pending approval of the Board.*



**3.0 GENERAL MATTERS**

AUTHORIZED APPLICANT: \_\_\_\_\_  
NAME (please print)

Signature: _____ Date: _____
I acknowledge that I have read the information set out on this form and by signing this form, I hereby consent to the IBABC's collection, use, and disclosure of the information in the manner and for the purposes set out for membership application.
The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for membership in IBABC is based on the truth and completeness of the information. <b>The Applicants agree that reports containing corporate, credit, factual record, or reference information may be sought in connection with this application for membership.</b>

**4.0 For Association use only:**

Recommended by Area Director:  YES  NO

Ward Designation: \_\_\_\_\_

Signature of Area Director: _____
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Approved	Declined	Date	Balance Owing

/ls updated 1March2010

## MEMBERSHIP FEE STRUCTURE GUIDELINE

(Effective March 1, 2018)

### I. BROKERAGE MEMBERSHIP

Per brokerage or agency .....	\$ 330.00
Per brokerage/agency personnel (including principals/owners).....	\$43.00
	(maximum of \$4000.00)
 Maximum billing amount.....	 <b>\$9000.00</b>

National Broker Identity Program (based on number of licensed personnel)  
(Mandate: To provide instant recognition and credibility for members through national brand identity)

1 - 5 .....	\$250.00
6 - 10 .....	\$350.00
11 - 15 .....	\$500.00
16 - 30 .....	\$750.00
31 - 49 .....	\$1000.00
50 - 99 .....	\$1800.00
100 and over.....	\$3200.00

Provincial Broker Identity Program (based on the number of licensed personnel)  
(Mandate: IBABC coordinates provincial media campaigns on behalf of members)

1 - 2 .....	\$ 284.00
3 - 5 .....	462.00
6 - 10 .....	635.00
11 - 15 .....	882.00
16 - 30 .....	1,365.00
31 - 49 .....	1,706.00
50 - 99 .....	3,200.00
100 and over.....	4,888.00

Broker Identity Program (BIP) dues are mandatory as per approval made by IBABC members at the 2000 Annual General Meeting in Whistler, B.C.

### Members will be invoiced, and all prices are subject to the GST

### II. ASSOCIATE MEMBERSHIP

1. A 20% discount applies to total amount of billing per above fee structure;
2. Associate membership is not eligible to vote;
3. Broker Identity Program fees (both National and Provincial) are not applicable; and
4. Associate members are not eligible to Broker Identity Program benefits.

#### NOTES:

Billing for Membership Dues, National Broker Identity Program fees, and for Provincial Broker Identity Program fees is now issued yearly in March. Members may defer payment of one third of their dues assessment to September 1<sup>st</sup> of each year, though members who pay the full assessment prior to April 30<sup>th</sup> enjoy a 2% discount on the full amount. (Previously Provincial Broker Identity Program fees were invoiced in September of each year in order to alleviate or minimize initial cost of billing to members however, both NBIP & PBIP cover the period from March 1<sup>st</sup> ending February 28<sup>th</sup> of our fiscal year.)