



LAAA Membership Application

P.O. Box 8712 Northridge, CA 91327-8712
Tel: (818) 368-1999 – Fax: (818) 337-1958 - E-Mail: info@latinagents.com – Web: www.latinagents.com

APPLICANT INFORMATION:

Company Name:

Principal's Name

Contact Person:

Title:

Address:

City:

State:

Zip:

Telephone:

Fax:

E-Mail:

Website:

Referred By:

LICENSES:

P&C L&D OTHER

License #: _____

E&O Carrier: _____ Exp. _____

BUSINESS INFORMATION:

Number of staff: _____

Year Established: _____

Total Written Premium in 2009: _____

SERVICES:

Please indicate the current services your agency / brokerage provides. CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> Auto Insurance | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Homeowners Insurance | <input type="checkbox"/> Registration Services |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Notary Public |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Immigration Services |
| <input type="checkbox"/> Mexico Insurance | <input type="checkbox"/> Financial Services |

OTHER ASSOCIATION MEMBERSHIPS: 1. _____ 2. _____ 3. _____

SIGNED: _____ **DATE** _____

TOP INSURANCE COMPANIES / PRODUCERS:

Please indicate in the spaces below the top four (4) companies you currently produce for or do business with.

- _____
- _____
- _____
- _____

TYPE OF ENTITY (Check All That Apply):

- | | |
|--|---|
| <input type="checkbox"/> Insurance Retailer (Agent/Broker) | <input type="checkbox"/> Technology Vendor |
| <input type="checkbox"/> General Agency (Wholesaler) | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Insurance Company (Carrier) | <input type="checkbox"/> Trade Group |
| <input type="checkbox"/> Reinsurance Company | <input type="checkbox"/> Community Advocate |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Vendor (Other Than Technology) | <input type="checkbox"/> Speaker |

ADDITIONAL LOCATIONS:

Please list any additional locations. This will assist us in directing potential clients to your locations.

- City: _____ Phone: _____
- City: _____ Phone: _____
- City: _____ Phone: _____
- City: _____ Phone: _____
- City: _____ Phone: _____

MEMBERSHIP CATEGORIES:

Retail Agency / Brokerage:

\$35.00 Monthly or \$ 350 Yearly (if paid in full)

- Monthly Membership Annually Membership

General Agent, Insurance Co., or Vendor:

\$65.00 Monthly or \$ 650 Yearly (if paid in full)

- Monthly Membership Annually Membership

PAYMENT TYPE:

- Credit Card Check
- Name On Card: _____
- Card #: _____
- Expiration Date: _____
- Circle One: VISA MasterCard Discover Amex

Fax To: (818) 337-1958 or E-Mail To: info@latinagents.com