

Membership Application



IIABHGC, Inc.

Agency / Company Name _____
Mailing Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax _____
Principal Contact _____ Title _____
Email Address: _____

Membership Classification: (Circle One)

- ┆ **Active**
Annual Dues: \$250.....Firms operated by individuals, partnerships, Corporations or LLC's which are (a) actively engaged in the business of property and casualty insurance (b) with one or more resident agent(s) in possession of a valid and un-revoked insurance license issued by the State of South Carolina and who are independent agent(s) with the legal ability to represent more than one insurance company (c) works on a commission basis as an independent contractor of property and casualty insurance companies and maintains an office separate and apart from any production office maintained by such companies.
- ┆ **Company**
Annual Dues: \$325.....Insurance companies and their authorized representative, working with agencies within South Carolina, who subscribe to and support the tenets of the American Agency System.
- ┆ **Associate**
Annual dues: \$325.....Firms engaged in providing services related to the property and casualty insurance industry.

Membership Qualification: (Please answer all questions)

1. Does the agency/applicant hold an active license from the State of South Carolina Department of Insurance? **Yes No**
2. Has the Agency or any Principal (Sole Proprietor, individual, partner(s), officer(s) or member(s), insurance company representative) ever had their insurance license(s) suspended or revoked by the State of South Carolina Department of Insurance? **Yes No**
3. Has the agency, any Principal, or company / agency representative ever been convicted of a felony? **Yes No**

Signature of Applicant _____ Date _____

Please complete this form and return with check payable to **IIABHGC, Inc.**

Mail App and Payment to:
Carrie Johnson Insurance Agency, Inc.
Attn: Hilary J. McCarthy
9404 Highway 17 Bypass
Murrells Inlet, SC 29576