



# HIIA

Hawaii Independent Insurance Agents Association  
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## APPLICATION FOR MEMBERSHIP

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NAME OF APPLICANT (GENERAL AGENCY)

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BUSINESS ADDRESS

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MAILING ADDRESS

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CITY

STATE

ZIP

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BUSINESS PHONE NUMBER

FAX NUMBER

BRANCH OFFICES: A)

B)

COMPANIES REPRESENTED

VENDOR LICENSE

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\_\_\_\_\_ Number of Producers. Agency principals and managers should be included here. (DEFINITION OF PRODUCER: Someone who has responsibility for over \$50,000 premium volume and spends at least 80% of the time with property & casualty insurance work. Dues: \$160.00 each.

\_\_\_\_\_ Number of full-time clerical employees (DEFINITION OF FULL-TIME EMPLOYEE: An employee who spends 20 or more hours a week on property & casualty insurance business.) Dues: \$60.00

\_\_\_\_\_ Premium volume for year ending \_\_\_\_\_(property & casualty)

**BUSINESS HISTORY OF APPLICANT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES OF LICENSED PRODUCERS:** (Attach separate list if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INITIATION FEE:** Check for initiation fee in the amount of \$100 is enclosed. The initiation fee is a one-time only fee and not a membership fee.

**MEMBERSHIP DUES:** Minimum annual dues = \$500/year  
Maximum annual dues= \$4,000/year

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_