2026–2027 Membership Renewal and Dues Declaration

FAIA Agency ID:

Remit by August 31, 2026

Date Issued: July 2, 2026

COMPLETE YOUR RENEWAL ONLINE AT WWW.FAIA.COM/RENEW

Thank you for choosing to renew your membership in the Florida Association of Insurance Agents (FAIA).

COMPLETE THE MAIN OFFICE CONTACT INFORMATION

Agency Name | Agency License Number | Date Business Started

FAIA Agency ID | Agency Website

Principal or Primary Contact | Primary Contact Email Address

AGENCY MEMBER AGREEMENT

FAIA's annual dues, which include membership in IIABA and Trusted Choice, are based on an agency's total revenue (gross commissions) from property, casualty, life, health, and benefits insurance (excluding contingency and investment income) for the most recent calendar year.

Dues include a mandatory government affairs charge and are nonrefundable and nontransferable.

DETERMINE YOUR AGENCY'S TOTAL REVENUES (REQUIRED)

This total includes revenue from all locations. FAIA reserves the right to ask for supporting documents to verify agency revenues. This number should match the number contained in your current E&O application.

Property & Casualty Commissions: $_____

Life, Health & Benefits Commissions: $_____

Total Commissions: $_____

DETERMINE YOUR TOTAL DUES PAYMENT

Use the chart on page three to determine your agency's dues category and additional location fee(s).

1. Agency total dues (gross commissions for all locations): $_____

2. Additional location fee(s)
   Total Location(s) _____ X $_____ Per Location: $_____

3. Additional voluntary PAC contribution: $_____

Total Annual Dues: $_____

AGENCY ANNUAL DEMOGRAPHIC (REQUIRED)

Percentage of Annual Premium Placed Direct with Carriers: _____

Commercial Lines Premium (required): $_____ Life & Health Total Commission: $_____

Personal Lines Premium (required): $_____ Life & Health Total Premium: $_____

MAIL TO:
Florida Association of Insurance Agents
PO Box 12129, Tallahassee, FL 32317

FAX TO:
(850) 668-2852

EMAIL TO:
ebond@faia.com
Attn: Emily Bond

FAIA 2026–2027 Membership Renewal and Dues Declaration

FAIA Agency ID:

TOP FIVE AGENCY-CONTRACTED PROPERTY & CASUALTY INSURANCE CARRIERS & PREMIUM WRITTEN:

Carrier: _____/$_____ Carrier: _____/$_____

Carrier: _____/$_____ Carrier: _____/$_____

Carrier: _____/$_____

DETERMINE EMPLOYEE COUNT (REQUIRED)

To determine the dues that state associations pay to IIABA, FAIA must provide the total number of employees, including employees at satellite locations, working in each agency. This information is held in strict confidence and will be used only by FAIA to compile the total number of individual insurance personnel employed by our members. Please use the following definition of "employees."

> *"Employees include all officers, owners, partners, producers, and other licensed or unlicensed employees and independent contractors who further the work of the agency or brokerage firm, wherever located in this state, whether involved with insurance, employee benefits, other financial services, or the administrative functions of the agency. Those who work 30+ hours per week should be counted as "1." Those who work under 30 hours should be counted as "1/2."*

The total number of employees at my agency, as defined above, is _____.

COMPLETE THE MAIN OFFICE CONTACT INFORMATION

PHYSICAL ADDRESS *(Please contact us to update this information if needed.)*

_____

Street address City State Zip code

MAILING ADDRESS

_____

Street address City State Zip code

_____

Phone number Fax number

_____ Check here if you DO NOT want your agency published in the membership directory and on the website.

_____ Check here if you DO NOT want the mandatory government affairs charge to be allocated to the PACs. The charge instead will be allocated to FAIA's legislative, regulatory, and industry advocacy efforts.

By providing the fax number and email above, I consent to the receipt of email, faxes, and all other correspondence sent to this office or additional locations from FAIA, FAIA Member Services, and IIABA and its subsidiaries. My signature verifies that I have the authority to provide such consent.

_____ _____

Signature Date

COMPLETE YOUR PAYMENT

The association's fiscal year begins September 1 and ends August 31. A percentage of the dues are nondeductible as a business expense. The estimated nondeductible portion of dues for FY 2026–2027 is 38.74 percent. Payment may be made by check payable to FAIA or by credit card online.

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TOTAL COMMISSIONS	CATEGORY CODE	TOTAL DUES	ADDITIONAL LOCATION FEE (PER LOCATION)
up to $49.9K	1	$625	$250
$50k to $74.9k	2	$935	$250
$75K to $124.9k	3	$1,160	$250
$125k to $199.9k	4	$1,510	$250
$200k to $499.9k	5	$1,660	$250
$500k to $999.9k	6	$2,135	$500
$1m to $1.99m	7	$2,385	$500
$2m to $2.99m	8	$2,635	$500
$3m to $3.99m	9	$3,220	$500
$4m to $4.99m	10	$3,470	$500
$5m to $5.99m	11	$3,970	$500
$6m to $6.99m	12	$4,220	$500
$7m to $7.99m	13	$4,470	$500
$8m to $8.99m	14	$4,995	$500
$9m to $9.99m	15	$5,245	$500
$10m to $11.99m	16	$6,270	$500
$12m to $13.99m	17	$7,020	$500
$14m to $15.99m	18	$7,770	$500
$16m to $17.99m	19	$8,870	$500
$18m & Above	20	$9,620	$500

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FAIA Agency ID:

COMPLETE THE ADDITIONAL LOCATION INFORMATION.

PLEASE FILL OUT A SEPARATE PAGE FOR EACH LOCATION.

Agency Name

FAIA Agency ID | Agency Website

Principal or Primary Contact | Primary Contact E-mail Address

PHYSICAL ADDRESS

Street address | City | State | Zip code

MAILING ADDRESS

Street address | City | State | Zip code

Phone number | Fax number

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Signature | Date

FAIA USE ONLY

Main Office Agency ID: _____

Main Office Agency Name: _____

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