

Trusted Choice Disaster Relief Fund (“Fund”) Grant Application Form
 Established by the IIAA Educational Foundation

Individual Applicant
 Applicant’s Full Legal Name (Last, First, Middle):

 Current Street Address:

 Daytime Phone: _____
 Home Phone: _____
 Cell Phone: _____
 Fax: _____
 Email: _____
 Address before the Disaster
 (if different than above):

 Social Security Number: _____

Business Applicant
 Business Full Legal Name:

 Application Completed By (Name & Title):

 Current Street Address:

 Phone: _____
 Cell Phone: _____
 Fax: _____
 Email: _____
 Address before the Disaster
 (if different than above):

 Tax ID Number: _____

Please state the amount of your needs (not covered by insurance or other grants) stemming from the Disaster, using the list below from the Use of Funds Section in the Trusted Choice Disaster Relief Fund Distribution Guidelines. Please use a separate sheet to describe the nature of those needs, and include with your application available proof of the needs, such as copies of bills showing the amount incurred, pay stubs or other supporting documents.

- \$ _____ Lost wages and benefits related to employment (such as health insurance);
- \$ _____ Lost essential personal property, including items lost from offices or while property was evacuated (e.g., shoes, eyeglasses);
- \$ _____ Medical expenses not subject to reimbursement (including psychological counseling expenses);
- \$ _____ Living expenses (e.g., food, clothing);
- \$ _____ Housing expenses (e.g., immediate rental assistance for displaced residents, mortgage, utilities);
- \$ _____ Transportation expenses;
- \$ _____ Funeral and related expenses for victims who died directly as a result of injuries sustained during a Disaster;
- \$ _____ Office equipment, furniture and supplies;
- \$ _____ Office relocation and operational expenses;
- \$ _____ Other time-sensitive and unreimbursed expenses.

Are you, any member of your immediate family, or the victim’s immediate surviving family members employed by the Independent Insurance Agents & Brokers of America, Inc. (“IIABA”), or an IIABA state or local association? Yes No

Please describe the Disaster that is the subject of this application, including the date of the Disaster, and describe your loss, Eligibility, intended Use of Funds, if awarded a grant. (Eligibility criteria and Use of Funds are described in the Trusted Choice Disaster Relief Fund Guidelines).

If yes, please provide the name of the individual, their relation to the victim, and information about their employment tie to IIABA, the state or local association.

Please tell us any additional information concerning your application you feel would be helpful for us to know.

By signing below, the Fund is:

- ▶ authorized to acknowledge any grant to me in press releases and publications unless the following box is checked ;
- ▶ authorized to transmit any grant it approves for me to the appropriate IIABA state association for delivery to me, unless the following box is checked ;
- ▶ authorized, as part of its due diligence, to share my information with Big “I” state associations and/or relief organizations.

I also certify, under penalty of perjury, that: i) all information in this Application Form is true and correct; ii) I will notify Trusted Choice Disaster Relief Fund in writing of any material changes to the application prior to receiving any grant from the Trusted Choice Disaster Relief Fund; and iii) that if the application is on behalf of a business, I am authorized by the business to complete and submit it.

Signature _____ Date _____

Submit completed applications and accompanying documents by mail or fax, as follows:

Mail:

Trusted Choice Disaster Relief Fund
IIAA Educational Foundation
127 South Peyton Street, Alexandria, VA 22314

Fax:

Trusted Choice Disaster Relief Fund
(703) 683-7556