

# IIV Agency Membership Application

To qualify for membership in IIV, an agency must have the ability to represent more than one insurance company.



## AGENCY INFORMATION

Agency Name		Main Contact		
Mailing Address		City	State	Zip
Phone	Toll Free	Fax		
E-Mail Address	Web Address	E&O Carrier	E&O Ex Date	

## BRANCH INFORMATION Attach additional page to list branches if needed (including Branch Name, Address & Employees).

We understand that our agency may use the "Big I" and the Trusted Choice trademarks as long as this agency is a member of IIV. If our agency non-renews membership, we will cease to use the trademarks on all advertisements, letterhead, business cards, forms, etc. We agree that in the event agency membership is terminated for any reason, no portion of these dues will be returned. In the event of mergers/acquisitions by a nonmember agency, the member agency will immediately lose its rights and privileges of membership in IIV. I certify that all of the information supplied on this form is correct.

## TRUSTED CHOICE PROGRAM Trusted Choice Contact (if different than above): \_\_\_\_\_

By submitting payment of membership dues with this application, you are deemed to have accepted and be bound by the terms of the "Trusted Choice License Agreement" effective on or after Sept. 1, 2011. You may choose to not participate in the Trusted Choice Program and not be bound by the terms by opting:  OPT OUT. No license is then granted to use the mark or participate in the Trusted Choice Program.

Signature of Main Contact \_\_\_\_\_ Date \_\_\_\_\_

### ANNUAL DUES SCHEDULE 2014/2015

No. Emp.	Dues
1	\$549.00
2	\$549.00
3	\$953.00
4	\$1,177.00
5	\$1,372.00
6	\$1,571.00
7	\$1,766.00
8	\$1,962.00
9	\$2,158.00
10	\$2,353.00
11	\$2,619.00
12	\$2,832.00
13	\$3,005.00
14	\$3,204.00
15	\$3,399.00
16	\$3,595.00
17	\$3,864.00
18	\$4,062.00
19	\$4,263.00
20	\$4,464.00
21	\$4,661.00
22	\$4,864.00
23 & up	\$5,076.00

## DUES CALCULATION

Please list all licensed employees along with additional information requested below. (Attach additional sheets if necessary.) Be sure to include all licensed employees in main office and branches. IIV membership dues are calculated on a full agency staff basis (not an individual basis) for all licensed employees. For IIV reporting purposes, we also ask that you indicate which employees work less than 30 hours per week. Licensed employees includes all P&C and/or L&H licensed employees, as well as any licensed independent contractors who work for your agency. Please use the number of licensed employees when calculating your annual dues per the dues schedule to the right.

**NOTE:** IIV members who are also active members of, and primarily based in, another state Big I may pay half-dues to Virginia.

Name (Including Designations):	_____	_____	_____
E-Mail Address:	_____	_____	_____
Title:	_____	_____	_____
Date of Birth (if under 41):	_____	_____	_____
Circle One:	PART-TIME    FULL-TIME	PART-TIME    FULL-TIME	PART-TIME    FULL-TIME
License Type(s) & Certifications:	<input type="checkbox"/> P&C <input type="checkbox"/> Personal Lines <input type="checkbox"/> Life & Annuities <input type="checkbox"/> Health <input type="checkbox"/> Title	<input type="checkbox"/> L&H Consult. <input type="checkbox"/> P&C Consult. <input type="checkbox"/> LTC <input type="checkbox"/> Variable Contract	<input type="checkbox"/> P&C <input type="checkbox"/> Personal Lines <input type="checkbox"/> Life & Annuities <input type="checkbox"/> Health <input type="checkbox"/> Title
	<input type="checkbox"/> L&H Consult. <input type="checkbox"/> P&C Consult. <input type="checkbox"/> LTC <input type="checkbox"/> Variable Contract	<input type="checkbox"/> L&H Consult. <input type="checkbox"/> P&C Consult. <input type="checkbox"/> LTC <input type="checkbox"/> Variable Contract	<input type="checkbox"/> L&H Consult. <input type="checkbox"/> P&C Consult. <input type="checkbox"/> LTC <input type="checkbox"/> Variable Contract

## PAYMENT INFORMATION

(Must Be Submitted With Application)

For your convenience, IIV offers several options for payment of dues, based on your selected payment plan:

- Annual or Quarterly Plan
- Monthly Plan

- Automatic EFT/Credit/Debit Card Draft** - Available for Monthly Plan Option (complete & return page 2 of the application)
- Check Enclosed** (Payable to IIV) - Available for Annual or Quarterly Options
- Credit Card** - Available for Annual or Quarterly Options



Total Number of licensed employees \_\_\_\_\_

TOTAL ANNUAL AGENCY DUES (per schedule) \_\_\_\_\_

Dues are prorated for new members joining during the fiscal year. IIV's fiscal year begins July 1.

A portion of IIV dues may be tax deductible as ordinary and necessary business expense, but dues are not deductible as a charitable contribution. To the extent IIV and IIVBA engage in lobbying, that portion of the dues is not deductible as ordinary and necessary business expense.

\*The V-Code is the last three digits on the back of your credit card, in the signature panel. For AMEX it is the 4 numbers on the top right corner of the front.

Total	Card Number	Exp. Date	V-Code*
Billing Street Address		City/State/Zip	
Name on Card		Signature	

**Return this application with payment to: IIV Membership Department • 8600 Mayland Drive • Richmond, VA 23294**  
**Fax: (804) 747-6557 • Email: members@iiv.com**