

IIAV Agency Membership Application



To qualify for membership in IIAV, 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 |
| Number one reason for joining: | | | | |

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 IIAV. 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 IIAV. 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 9/1/11. You may choose not to 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 _____

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. IIAV membership dues are calculated on a full agency staff basis (not an individual basis) for all licensed employees. For IIAA 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 on page 2.

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

Please attach a list of all other employees with this application.

| | |
|--|---|
| Name (Including Designation): | |
| E-Mail Address: | |
| Title: | |
| Date of Birth: | |
| Circle One: | PART-TIME FULL-TIME |
| License Type(s) & Certifications: (Circle all that apply) | -P&C -Health -P&C Consult. -Title -LTC -Variable Contract -L&H Consult. -Life & Annuities -Personal Lines |

Calculate dues using the table on page 2.

Dues are based on the **number of licensed employees**. Licensed employees include all P&C and/or Life & Health licensed employees, as well as any licensed independent contractors who work for your agency that you wish to include.

If you wish to pay on a Quarterly Basis, pay amount shown in column C and remit this amount for 1st quarter (Amount reflects a 5% surcharge) (You will be invoiced for remaining installments.)

For Monthly Authorization, please see 2020-21 Recurring Payment Authorization forms and pay amount shown in column D to authorize first monthly installment.

Payment Information (Must be submitted with Application)

For your convenience, IIAV 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 IIAV) - Available for Annual or Quarterly Options

Credit Card - Available for Annual or Quarterly Options



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

Total # of licensed employees _____

TOTAL ANNUAL AGENCY DUES _____ (per Table)

Dues are **prorated** for new members joining during the fiscal year.

IIAV's fiscal year begins July 1.

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