

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." 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. (on the attached sheet) 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 IIBA 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 to pay half-dues to Virginia. Please indicate in what other state you are a member.

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

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

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 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



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

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 IIBA engage in lobbying, that portion of the dues is not deductible as ordinary and necessary business expense.

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.

TOTAL # of LICENSED EMPLOYEES _____

TOTAL ANNUAL AGENCY DUES _____ *per Employee Calculation Chart

For Monthly Authorization, please complete the attached monthly Payment Authorization forms. See attached dues table to determine payment amount to authorize first monthly installment.

Dues Table for Growth Zone 2025 - 2026

Number of Employess	Annual	Monthly
1	\$525.00	\$43.75
2	\$630.00	\$52.50
3	\$1,000.00	\$83.33
4	\$1,350.00	\$112.50
5	\$1,575.00	\$131.25
6	\$1,850.00	\$154.17
7 to 10	\$2,100.00	\$175.00
11 to 15	\$2,370.00	\$197.50
16 to 20	\$2,625.00	\$218.75
21 to 25	\$2,900.00	\$241.67
26 to 30	\$3,255.00	\$271.25
31 to 39	\$3,700.00	\$308.33
40 to 49	\$4,300.00	\$358.33
50 to 99	\$8,950.00	\$745.83
100+	\$9,200.00	\$766.67

Independent Insurance Agents of Virginia

8600 Mayland Drive
Richmond, VA 23294
(804)747-9300

Monthly Dues Payment Authorization Form

Schedule your dues payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Monthly Payments Work: You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period.

Please complete the information below:

I, _____ authorize The Independent Insurance Agents of Virginia, Inc. to charge my debit/credit card or bank account for \$_____ on the first day of each month for payment of my membership dues. (See attached schedule to determine monthly payment amount.)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

☐ Checking ☐ Savings

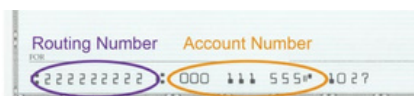
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



*Please attach a copy of a voided check.

Credit Card

If you have not already created a secure **Payment Profile on the IIAV Member Hub**, this must be completed for IIAV to set up your payment schedule. **Please contact us for assistance in setting up your profile.**

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Independent Insurance Agents of Virginia in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The Independent Insurance Agents of Virginia may at its discretion attempt to process the charge again within thirty (30) days, and I agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I further understand that due to an increase in the size of my organization or a vote by the Board of Directors of The Independent Insurance Agents of Virginia the cost of my membership may increase and that any such increase will take effect in the month of July. I understand that The Independent Insurance Agents of Virginia will notify me in writing about any increase in my monthly payment at least forty five (45) days in advance and that I will be deemed to consent to any such increase unless I contact The Independent Insurance Agents of Virginia and terminate this agreement.

[illegible][illegible]