



IIAW Membership Application

OR login online at www.iiaw.com to update your current roster and pay your dues via credit card or check
 Need your login? Call 608-256-4429

Voting Membership:

Independent agencies practicing Property & Casualty and/or Life & Health. Voting members have access to the comprehensive services provided by the IIAW and can vote in elections, hold positions on state and national committees and the Board of Directors. Voting members are also enrolled in the national Independent Insurance Agents and Brokers of America (IIABA) with access to their products, services and logos.

Summary of Voting Membership Eligibility Requirements:

1. Licensed insurance intermediary in the State of Wisconsin and actively engaged in the business of property and casualty, accident and health, or life insurance.
2. Wisconsin residency and Wisconsin place of business
3. Have at least one insurance company appointment, without restrictions on representing additional companies.
4. Operate primarily on a commission basis.

Full requirements are contained in the IIAW Bylaws on IIAW.com, and voting membership is subject to approval of the IIAW Board of Directors.

Principal Contact for Mailings and Association News _____

Agency _____

Street Address _____ PO Box _____

City _____ Zip _____

Business Telephone (____) _____ Toll Free (____) _____

Fax Number (____) _____ County _____ E-mail Address _____

Website _____ Number of Agency Branch Locations _____

Estimate the percentage written by agency: P&C % _____ Life & Employee Benefits % _____

Estimate the percentage written by agency: Personal Lines % _____ Commercial Lines % _____

Your membership requires you to list the names and e-mail addresses of all agency and company personnel.

Name*	Owner	Sales	CSR	Employee Benefit	Young Agent	Other	E-mail
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

*For additional employees please attach list with names and e-mails or send via excel spreadsheet to staff@iiaw.com.

Total Number of employees (using definition below): _____ For IIAB of America use.

“Employee” includes 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 in insurance, employee benefits, other financial services, or the administrative functions of the agency. Those who work under 30 hours should be counted ½.

Please Complete the Reverse Side

Here's How to Compute Your IIA of Wisconsin/IIAB of America Dues

Fiscal year September 1 to August 31

Use your last calendar year (ending December 31) total gross commissions from all agency locations (including life and employee benefits) and send the amount that corresponds on the following table:

Annual Commissions	Dues	Annual Commissions	Dues
Up to 100,000	\$370	510,001 – 750,000	\$1,575
100,001 – 130,000	\$525	750,001 - \$1,000,000	\$1,785
130,001 – 160,000	\$630	1,000,001 - 1,800,000	\$1,995
160,001 – 200,000	\$735	1,800,001 – 2,000,000	\$2,100
200,001 – 240,000	\$895	2,000,001 – 2,667,000	\$2,365
240,001 – 290,000	\$1,050	2,667,001 – 3,334,000	\$2,415
290,001 – 340,000	\$1,205	3,334,001 – 4,000,000	\$2,520
340,001 – 510,000	\$1,415	4,000,000 +	\$2,940

Multiple Location Agency Membership

Additional locations: Agencies that operate more than one office should combine all commissions from all locations to determine their annual membership dues. All paying branch agency locations are considered members of the IIABA, IIAW, and the Trusted Choice® brand using the combined commissions formula. These locations will receive copies of printed publications.

Gross Annual Commissions \$ _____
E&O Carrier: _____

Agency Volume \$ _____
E&O Policy Expiration Date: _____

These numbers should correspond to the figures shown on your errors & omissions insurance application form.

Calculate Dues: Annual Dues \$ _____
 Number of Additional locations receiving mailings: _____ x \$100 = + _____
Total Annual Dues = _____

Annual Dues Payment Option (payment included with this form)

Send Invoice
 Check (enclosed)
 MC/ Visa
 Name (as it appears on card): _____
 VISA/MC # _____
 Exp. Date: _____
 Signature _____

Quarterly Dues Payment Option (an additional \$15 processing fee will be charged per quarter)

ACH (NEW) form enclosed or click here
 MC/Visa
 Name (as it appears on card): _____
 VISA/MC # _____
 Exp. Date: _____
 Signature _____

*Quarterly payments will be automatically charged to your credit card or deducted from your bank account 9/1, 12/1, 3/1, 6/1

Annual statement regarding dues deductibility: Dues to the Independent Insurance Agents of Wisconsin are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that the IIAW and IIABA engages in lobbying. The non-deductible portion of dues for fiscal year 2015-2016 is 28 percent. Dues are non-refundable and fully earned at time of payment.

I hereby certify the information contained in this application is true and correct. I authorize the Independent Insurance Agents of Wisconsin or its agents to verify any of the information contained in this application. If paying quarterly, I agree to a one-year membership fee. Also, I agree that I have read the Trusted Choice® License Agreement (accessible at www.trustedchoice.com/licenseagreement) and the Pledge of Performance, and agree to the terms.

Signature _____ **Date** _____