



**Independent
Insurance
Agents of Texas**

Helping Members Succeed
1115 San Jacinto, Ste. 100, Austin, Texas 78701
P. O. Box 684487, Austin, Texas 78768
800.880.7428, 512.476.6281, fax 512.469.9512, iiat.org

Agency Membership Application

Eligibility

We certify that this agency:

1. has a Texas general lines or limited lines **property and casualty** license
2. operates on a commission basis and as an independent contractor
3. has ownership of its accounts and expirations by contract with its companies
4. subscribes to the articles of incorporation and bylaws of this association

To be eligible for membership in IIAT, an agency must have the contractual freedom and unqualified discretion to place business with any insurance company available to the agency. The agency cannot be associated publicly with any insurance company that limits in any way the free choice of markets by the agency.

IIAT welcomes all industry professionals who meet eligibility requirements for membership and leadership regardless of race, ethnicity, gender, religion or nationality.

Independent Insurance Agents & Brokers of America

IIAT dues and membership application, if accepted, will automatically register this agency as a member of the Independent Insurance Agents & Brokers of America and Trusted Choice. As a member of IIABA and Trusted Choice, this agency will be entitled to use IIABA's registered trademarks, the Big "I" and Trusted Choice logos, on stationery and in advertising. You can choose not to participate in the Trusted Choice Program by e-mailing trustedchoice@iiaba.net after your membership has been processed. Should this agency terminate its membership in IIAT, it must stop using the logos.

Agency Information

Home office name	P/C License #	
Mailing address	City	ZIP
Street address	City	ZIP
Telephone ()	Fax ()	Web site URL
Primary contact name	E-mail	

We have the following branch/affiliate office (please list additional locations on a separate sheet of paper):

Branch office name	Branch/Affiliate TDI ID #	
Mailing address	City	ZIP
Street address	City	ZIP
Telephone ()	Fax ()	Web site URL
Primary contact	E-mail	

Our agency holds contracts or appointments to write insurance directly with the following property and casualty companies:

1. Type of business entity: C Corp. S Corp. LLC Partnership (General, Limited, LLP) Sole proprietorship
2. Approximate percentage of your annual revenue that falls into the following categories:
 _____% personal lines _____% commercial lines _____% life & health
3. Do you presently carry E&O insurance? Yes No
4. If yes, who is your carrier? _____ Exp. date: _____
5. If yes, what are your limits of liability? _____ Annual premium? _____



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Agency Personnel Headcount and Dues Calculation

1. The number of active stockholders, partners, principals or individual proprietors who work 20 hours or more per week for our agency is:
2. The number of all persons including outside sales persons in our agency, **not including the above**, who spend at least 20 hours per week on insurance business, is:
3. Our total agency headcount (sum of 1 and 2 above) for dues calculation purposes is:

Main	All Branches
1.	1.
2.	2.
Total	Total

Certification

We certify that the information provided above is true and correct and that we have read the eligibility requirements and do qualify as an independent insurance agency as outlined.

We agree to observe the bylaws and rules of IIAT and to pay dues based on our agency personnel headcount at all locations as of the date of this application, and as of May 1 of each succeeding year. Failure to report accurate headcount at all locations could cause IIAT to decline our application. We understand that in case of any questions concerning the headcount, the IIAT board of directors reserves the right of verification.

This information is certified by the following agency principal:

Signature _____
Name _____

Please rank (by indicating 1, 2, 3) the top three reasons you are joining IIAT.

- | | |
|--|--|
| <input type="checkbox"/> E&O insurance | <input type="checkbox"/> Insurance markets sponsored by IIAT |
| <input type="checkbox"/> Education programs and CE | <input type="checkbox"/> Information on IIAT web site |
| <input type="checkbox"/> Technical/coverage and regulatory expertise | <input type="checkbox"/> Trusted Choice membership |
| <input type="checkbox"/> IIAT newsletters | <input type="checkbox"/> Conference and meetings |
| <input type="checkbox"/> Networking with peers | |

How did you hear about IIAT? _____

Payment

Thank you for your support of IIAT. If you have any questions, please call the member services hotline, 800.880.7428, or 512.476.6281.

Check enclosed for \$ Visa MC American Express Discover \$ _____

Name on card _____ Cardholder's signature _____

Account # _____ Expiration date _____ / _____

Mail this application and payment to IIAT, P.O. Box 684487, Austin, Texas, 78768

For Office Use Only Member # _____



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Agency Principals

(This information helps IIAT address its mailings to the principals named below.)

These are the active principals in our agency (make additional copies of this page if necessary):

Mr Mrs/Ms Title: Principal

Last name _____ First Name _____ Suffix _____

Maiden name (other surnames under which you may be listed) _____

City (home or branch location) _____

Birth year _____

E-mail _____

TDI # _____

Additional Agency Personnel

To ensure all employees can access the members-only web site and to ensure proper CE credit please provide the following information for each employee (make additional copies of this page if necessary):

Mr Mrs/Ms Title: Producer CSR Office Manager Other _____

Last name _____ First Name _____ Suffix _____

Maiden name (other surnames under which you may be listed) _____

City (home or branch location) _____

Birth year _____

E-mail _____

TDI # _____

Designations _____

Have you previously attended an IIAT class? Yes No

Mr Mrs/Ms Title: Producer CSR Office Manager Other _____

Last name _____ First Name _____ Suffix _____

Maiden name (other surnames under which you may be listed) _____

City (home or branch location) _____

Birth year _____

E-mail _____

TDI # _____

Designations _____

Have you previously attended an IIAT class? Yes No

Identify the following:

1. The agency CEO is: _____
2. The primary IIAT contact is: _____
3. The agency's primary contact for IMPACT and other political activities is: _____



2011-2012 Dues Schedule

IIAT dues are based on the number of full-time (20 or more hours per week) agency employees, including owners/shareholders, at all locations.

IIAT's fiscal year is Sept. 1–Aug. 31; therefore, your IIAT initial membership fee will vary depending on when you join IIAT. To determine the dues amount to submit with your application, find the correct **combined employee count** for all agency locations (see "Agency Personnel" on the application). Move across the page until you locate the column that shows the **month** you will join. Submit that amount with your membership application. Your membership will be paid through August 2012.

Special bonus

If you join in June, July or August, your membership is automatically effective through August the following year.

Dues Information

Dues are paid annually for the coming year and are due by the first day of September. If your agency pays its renewal dues before September 1, you may take a 2 percent discount off the total amount of dues payable. Renewal dues must be paid by October 1; after that date, IIAT may terminate your agency's past-due membership.

Additional Information

Dues to IIAT 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 IIAT engages in lobbying.

Questions?

Do you have any questions about your IIAT dues? Call the toll-free member services hotline. Customer service representatives are available between 8 a.m. and 5 p.m. to explain services you will receive as a member, register you for a class, or e-mail you more information on products. Call 800.880.7428 or visit online at iiat.org.

Month You are Joining IIAT. Agency Membership									
Agency Employee Count	Annual Dues *	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
1	\$390.00	357.50	325.00	292.50	260.00	227.50	195.00	162.50	130.00
2	\$390.00	357.50	325.00	292.50	260.00	227.50	195.00	162.50	130.00
3	\$465.00	426.25	387.50	348.75	310.00	271.25	232.50	193.75	155.00
4	\$525.00	481.25	437.50	393.75	350.00	306.25	262.50	218.75	175.00
5	\$627.00	574.75	522.50	470.25	418.00	365.75	313.50	261.25	209.00
6	\$741.00	679.25	617.50	555.75	494.00	432.25	370.50	308.75	247.00
7	\$846.00	775.50	705.00	634.50	564.00	493.50	423.00	352.50	282.00
8	\$957.00	877.25	797.50	717.75	638.00	558.25	478.50	398.75	319.00
9	\$1,068.00	979.00	890.00	801.00	712.00	623.00	534.00	445.00	356.00
10	\$1,200.00	1,100.00	1,000.00	900.00	800.00	700.00	600.00	500.00	400.00
11	\$1,235.00	1,132.08	1,029.17	926.25	823.33	720.42	617.50	514.58	411.67
12	\$1,315.00	1,205.42	1,095.83	986.25	876.67	767.08	657.50	547.92	438.33
13	\$1,395.00	1,278.75	1,162.50	1,046.25	930.00	813.75	697.50	581.25	465.00
14	\$1,465.00	1,342.92	1,220.83	1,098.75	976.67	854.58	732.50	610.42	488.33
15	\$1,535.00	1,407.08	1,279.17	1,151.25	1,023.33	895.42	767.50	639.58	511.67

* Dues for joining in June, July, Aug., Sept.

For dues information for agencies of 16 or more employees, please visit iiat.org > Join IIAT or call 800.880.7428