



IIAWV Membership Contract - 2020

All information is CONFIDENTIAL

(Agency income, # of employees, dues calculation worksheet and signature ARE REQUIRED.) Incomplete contracts will be returned. A separate contract is required for each branch office.

Primary Contact: \_\_\_\_\_
Name of Agency: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_
Email: \_\_\_\_\_ Web site \_\_\_\_\_

Is this agency a branch? [ ] NO [ ] YES => If yes, what MEMBER agency is this agency a branch of?

Our agency desires membership in the Independent Insurance Agents of West Virginia, Inc. and the Independent Agents & Brokers of America, Inc. for the fiscal year January 1, 2020 to December 31, 2020 as well as the Trusted Choice branding program. We understand that by virtue of membership, the agency consents to receive communications sent by or on behalf of IIAWV, IIABA, or Trusted Choice via mail, email, telephone or fax. We understand that our agency may use the "Big I" trademark as long as the agency is a member of IIAWV. We agree that in the event agency membership is terminated for any reason, we will immediately cease to use all association trademarks, and no portion of dues will be returned.

We agree to pay dues on the total gross agency commission income for the most recently completed fiscal year from all insurance sources (property/casualty, life, A&H, etc.). Accordingly, the total gross commission income of our agency is \$ \_\_\_\_\_ and the total number of full-time licensed employees of this agency is \_\_\_\_\_.

We certify that we have indicated the proper total gross income of our agency, and that the enclosed payment represents the correct amount of dues to be paid according to the formula on the attached Dues Calculation Worksheet. We understand that if we pay with a credit card, the total annual dues for 2020 will be charged upon IIAWV's receipt of this contract. If we pay by cash or check, we may make a minimum payment of one half of the total annual dues now with the remaining half due no later than 07/01/20.

We understand that our agency will be limited to a maximum of three votes in member elections, regardless of the number of agency offices if the Aggregate Agency Maximum annual dues limit is utilized. However, if the full dues is paid per branch office without using the Aggregate Agency Maximum, there will be one vote per dues paying office.

We further certify that we have read the Trusted Choice License Agreement, including the Pledge of Performance, and agree to the terms.

Signature of Agency Owner or Principal \_\_\_\_\_ Date \_\_\_\_\_

Dues to IIAWV are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that IIAWV engages in lobbying. The non-deductible portion of dues for 2020 is 9%.



1. If your gross annual commission is less than \$169,491, you will pay \$500 in annual dues.
2. If your gross annual commission is more than \$1,694,915, your dues will be \$5000.
3. If your gross annual commission is more than \$169,491, but less than \$1,694,915, please calculate your dues below by entering your agency location's total gross commission from all sources.
4. If the Dues Calculation is less than the maximum dues per location, then enter the dues calculation.
5. If the dues calculation is more than the maximum dues per location, enter the maximum dues per location.

If you are paying for your agency dues with a credit card, then the amount in Step 3 is your annual dues amount. Complete the credit card payment information and enter this amount in your annual dues on your contract. Your credit card will be charged for the entire annual amount upon IIAWV's receipt of your completed contract.

If you are paying for your agency dues by check, then multiply the amount in Step 3 by the discount factor and enter this amount in Step 4. Enter this amount as your annual dues on your contract and make your check payable to IIAWV for at least half of this amount. **Payment must be submitted along with the completed contract by January 31, 2020.**

<b>Step 1</b>	<b>Dues Factor</b>	<b>Step 2</b>
Total Gross Annual Commission		<b>Dues Calculation</b>
		(rounded to nearest whole \$1)
\$ _____	X .00295	\$ _____ .00

<b>MINIMUM AGENCY DUES</b>	<b>\$500</b>
<b>Branch Location MINIMUM</b>	<b>\$0</b>
<b>MAXIMUM Dues per Location</b>	<b>\$3,416</b>
<b>Aggregate Agency MAXIMUM</b>	<b>\$5,000</b>

**2020 Dues Calculation adjusted for Minimum and Maximum**  
(If you choose to pay by credit card, this is the amount that you will be charged.)

**Step 3**  
\$ \_\_\_\_\_ .00

3.5% Discount applied only for payment by check.

X .965 (**Step 4**)

**2020 Annual Dues for payment by check**

\$ \_\_\_\_\_ .00

Payment Method:  Check  Visa  Mastercard  American Express

Credit Card Information: Name on Account \_\_\_\_\_

Billing Address \_\_\_\_\_

Account # \_\_\_\_\_ Card Verification/Security Code # \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

