



IIAWV Membership Contract - 2021

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, 2021 to December 31, 2021 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 2021 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 07/01/21.

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 2021 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, 2021.**

	Step 1	Dues Factor	Step 2
			Dues Calculation
Total Gross Annual Commission			(rounded to nearest whole \$1)
\$ _____		X .00295	\$ _____ .00
		MINIMUM AGENCY DUES	\$500
		Branch Location MINIMUM	\$0
		MAXIMUM Dues per Location	\$3,416
		Aggregate Agency MAXIMUM	\$5,000
2021 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)
2021 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 _____

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IIAWV Membership Application

Thank you for your interest in becoming a member of IIAWV.

To be considered for membership, please complete and return this form to sarah@omegawv.com.

Agency Information

To qualify for membership, an agency must have the ability to represent more than one insurance company.

Agency Name: _____

Primary Contact: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ Fax: _____

Website: _____ Date Established: _____

E&O Carrier: _____ Exp. Date: _____

Top 5 Carriers Represented

1. _____

2. _____

3. _____

4. _____

5. _____

Branch Information

Your membership benefits include services for all branch offices at NO ADDITIONAL CHARGE. In order for IIAWV to extend benefits to these locations, please list all branch offices. If additional space is needed, please attach a separate sheet of paper or email the information to sarah@omegawv.com

Branch #1 Name: _____

Primary Contact: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Title: _____

Branch #2 Name: _____

Primary Contact: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Title: _____

