

# MEMBERSHIP APPLICATION FORM

Agency Name \_\_\_\_\_ PO Box \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website Address \_\_\_\_\_

Number of Agency Principals \_\_\_\_\_ Number of Producers \_\_\_\_\_

Total Number of Full Time Employees \_\_\_\_\_ Number Licensed Agents \_\_\_\_\_

Name of Agency Principals & License Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Producers & License Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of **ALL** Companies the Agency Represents:

\_\_\_\_\_  
\_\_\_\_\_

The following dues schedule is one adopted by the Big I Board of Directors and the Association Membership. Dues are based on the agencies latest calendar year's insurance commissions (including property/casualty, life, group a/h and crop insurance). **Interest and contingency income are excluded.**

## MEMBERSHIP DUES SCHEDULE

Check	Total Agency Ins. Revenue	Dues	Check	Total Agency Ins. Revenue	Dues
_____	0 - \$60,000	\$485.00	_____	\$400,001 - \$500,000	\$1,060.00
_____	\$60,001 - \$70,000	\$535.00	_____	\$500,001 - \$600,000	\$1,135.00
_____	\$70,001 - \$85,000	\$585.00	_____	\$600,001 - \$700,000	\$1,235.00
_____	\$85,001 - \$100,000	\$635.00	_____	\$700,001 - \$850,000	\$1,335.00
_____	\$100,001 - \$125,000	\$685.00	_____	\$850,001 - \$1,000,000	\$1,435.00
_____	\$125,001 - \$150,000	\$735.00	_____	\$1,000,001 - \$1,500,000	\$1,595.00
_____	\$150,001 - \$200,000	\$785.00	_____	\$1,500,001 - \$2,000,000	\$1,745.00
_____	\$200,001 - \$250,000	\$835.00	_____	\$2,000,001 - \$10,000,000	\$2,000.00
_____	\$250,001 - \$300,000	\$885.00	_____	\$10,000,001 - \$25,000,000	\$2,250.00
_____	\$300,001 - \$350,000	\$935.00	_____	\$25,000,001 & Up	\$2,500.00
_____	\$350,001 - \$400,000	\$985.00			

\* A quick reference to revenue figures is your most recent E&O application

**Branch Office Locations:** All members must report their branch office locations. An annual \$100 charge is applied to each. Please include agency name, address and phone number. Our branch locations are:

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Annual dues (insurance revenues) = \$ \_\_\_\_\_ Total branches x \$100 = \_\_\_\_\_ Total dues \$ \_\_\_\_\_

Payment method (check one) \_\_\_\_\_ Annual \_\_\_\_\_ Quarterly

I, the undersigned agency principal hereby certify that the agency commissions checked above are correct to the best of my knowledge. Once approved for membership or its continuation, I pledge to abide by the Association Code of Ethics, the Articles of Incorporation and By-laws, and the Insurance Statutes of the State of Iowa. I also agree to support the efforts of the Association, and to do my part to uphold and perpetuate the profession of the Independent Insurance Agent.

Signature (Agency Principal) \_\_\_\_\_ Date \_\_\_\_\_

# CODE of ETHICS

## **Independent Insurance Agents and Brokers of America, Inc.**

I believe in the value and importance of the insurance business and its future, and that the Independent Insurance Agent plays a critical role in serving consumers throughout the insurance process.

I support the Independent Agency System, which has developed insurance to be a fundamental component in the economic fabric of our nation, and I pledge to support right principles and oppose bad practices in the insurance business.

I respect the importance of the relationship between Independent Insurance Agents and the public, insurance companies, and other Independent Insurance Agents, and believe that the rights of the client are paramount.

### **To the Public**

I believe that serving the public as an Independent Insurance Agent is an honorable occupation, affording me a special opportunity to serve society and offer valuable insurance products and services to the public.

I believe that as an Independent Insurance Agent, I am serving the interests of my clients by responding to their expressed insurance needs.

I will strive to further the public's understanding of insurance, endeavor to promote safety and loss control in my community, and strive to participate in civic and philanthropic activities that contribute to my community.

### **To the Insurance Companies I Represent**

I will respect the authority vested in me by the insurance companies I represent, and work to maintain open lines of communication with them.

### **To Other Independent Insurance Agents**

I will strive to maintain positive relations with other insurance agencies in my community, competing with them on an honorable and fair basis.

I will follow all insurance laws relative to the conduct of my business.

I will work with other Independent Insurance Agents for the betterment of the insurance business, and endeavor to elevate the standards of my occupation by following this Code of Ethics and encouraging other Independent Insurance Agents to do likewise.





Independent Insurance Agent

# Trusted Choice®

## Pledge of Performance

Trusted Choice® agencies are insurance and financial services firms whose access to multiple companies and commitment to quality service enable us to offer our clients competitive pricing, a broad choice of products and unparalleled advocacy.

As a Trusted Choice® agency, we are dedicated to you and are committed to treating you as a person, not a policy. This commitment means we shall:

- Work with you to identify the insurance and financial services that are right for you, your family or your business and use our access to multiple companies to deliver those products.
- Guide you through the claims process for a prompt and fair resolution of your claim.
- Help you solve problems related to your coverage or account.
- Explain the coverages and options available to you through our agency, at your request.
- Return your phone calls and emails promptly and respond to your requests in a timely manner.
- Provide 24/7 services for our customers, offering any or all of the following: emergency phone numbers, Internet account access, email and call center services.
- Use our experience and multiple company relationships to customize your coverage as needed.
- Commit our staff to continuing education so they may be more knowledgeable in serving you.
- Treat you with respect and courtesy.
- Conduct our business in an ethical manner.

We pledge this to you, our clients and ask that you let us know if we fail to meet our commitment, so we may take corrective action.

Agency Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:** Independent Insurance Agents of Iowa, 4000 Westown Parkway, Suite 200, West Des Moines, Iowa 50266 or fax to 515-222-0610 or email to [Melissa@iiaiaowa.org](mailto:Melissa@iiaiaowa.org).