



Application for Membership

This association holds this trust to be self-evident. There are three distinct rights in the Insurance business - first, the public's; second, the insurance company's; and third, the insurance producer's. The rights of the public are paramount.

Agency Name _____

Street Address _____ P.O. Box # _____

City _____ County _____ Zip _____

Phone (____) _____ Fax (____) _____

E-Mail Address _____ Web Address _____

Date Business Established: _____

Major Companies represented by the agency:

Agency is: _____ Individual _____ Partnership _____ Corporation

List Agency Personnel; please provide contact for the agency on first line:

Name: _____

Please use additional sheet if needed

Is your full-time occupation general insurance? _____

Agency Errors & Omissions carried by: _____ Ex Date: _____

Would anyone from your agency be interested in serving on an IIA of IL committee or other capacity? _____

Name: _____ Field of Interest: _____

Do you have a personal Legislative contact? _____

I agree that this application for membership is subject to the approval of the IIA of IL Board of Directors. I certify my premium volume is, and shall continue to be, written with companies adhering to the principles of the American Agency System. I further certify my dues have been accurately computed according to the dues schedule as shown on this application. I hereby certify the information contained in this application is true and correct. I authorize the Independent Insurance Agents of Illinois and/or its agents to verify any of the information contained in this application.

Applicant Signature: _____ Date: _____

Recommended by: _____

Mail to: IIA of Illinois, P.O. Box 3074, Springfield, IL 62708-3074 or fax to (217) 793-6744. Call (800) 628-6436 or (217) 793-6660 if you have questions or E-mail us at info@iiaofillinois.org.

ELIGIBILITY

- 1. IIA of IL members shall be licensed by the State of Illinois as a licensed producer of a registered firm who are of good reputation and support the objectives of the IIA of IL as defined in Article II of the constitution.
- 2. Article III; Section 2. Qualifications: Members shall be authorized by the State of Illinois to represent fire, casualty, surety or multiple-line insurance companies which operate on the producer commissions basis. A majority of the member's business shall be placed with companies which subscribe to the principles of the American Agency System, including ownership of expirations by their producers.
- 3. Members shall operate as independent contractors on their own account.
- 4. IIA of IL dues must be paid in full to qualify for membership.

BENEFITS

- 1. National Association membership in the Independent Insurance Agents and Brokers of America (IIABA) and the authorized use of the Big "I" logo.
- 2. State Association membership in the Independent Insurance Agents of Illinois (IIA of IL) with participation in membership service programs such as Errors & Omissions, Group Health, Workers Compensation, Education, and many others.
- 3. Local Associations, which are established throughout the state to help support the state and national associations, provide the opportunity to associate with other local IIA of IL members. Establish status in your local area or community by being recognized as a professional, independent IIA of IL agent. Contact the state association for the contact person of your local association.

DUES SCHEDULE

Dues are based on the property & casualty premium volume of your agency. Following is a schedule of dues which will be payable for the first year of your membership.

The first year's annual dues must accompany this application.

Second year's dues will be pro-rated for the expired portion of the fiscal year in which this application is received. IIA of IL's fiscal year is October 1 to September 30.

<u>Agency Volume</u>	<u>Dues Level</u>	
\$0 - 1,500,000	\$ 500	01
\$1,500,001 - \$2,500,000	\$ 625	02
\$2,500,001 - \$3,500,000	\$ 700	03
\$3,500,001 - \$4,500,000	\$ 775	04
\$4,500,001 - \$5,500,000	\$ 850	05
\$5,500,001 - \$6,500,000	\$1,100	06
\$6,500,001 - \$8,500,000	\$1,300	07
\$8,500,001 - \$10,500,000	\$1,600	08
\$10,500,001 - \$15,000,000	\$2,000	09
\$15,000,001 and over	\$2,300	10

For additional mailings to go to a branch location send and additional \$50.00 for each branch. Please attach a separate sheet listing the name, address, phone number and contact person at each additional branch you would like listed.

Mastercard Visa American Express

Card Number: _____

Expiration Date: _____

Authorized Signature: _____