

**Independent Insurance Agents of North Carolina**  
**Conflict of Interest Policy**

The directors, officers, committee members, and volunteers of Independent Insurance Agents of North Carolina (the "Association"), while acting on behalf of the Association must avoid conflicts of interest. Even the appearance of a conflict of interest must be avoided. All actions by directors, officers and other individuals with the ability to influence the financial affairs of the Association (i.e., insiders) must be based solely on the best interests of the Association, in accordance with applicable state and federal laws and regulations. Actions must not be influenced by personal considerations.

A conflict of interest occurs whenever an individual has a direct or indirect interest, financial or otherwise, in the outcome of any transaction or matter involving the Association. A conflict of interest also occurs whenever an individual has a relationship with other parties to the transaction or matter such that the relationship might reasonably be expected to affect the judgment of the individual in the particular transaction or matter in a manner adverse to the Association.

If an individual has a conflict of interest or potential conflict of interest in connection with any Association transaction or matter, he/she must immediately notify the President, and disclose all the material facts concerning the actual or potential conflict of interest and his or her relationship to the transaction or matter at issue.

If the conflict of interest arises in connection with the activities of any deliberate body (e.g., the Board of Directors), the individual with the conflict must immediately disclose the conflict to the other members of the body and the individual must not participate in the deliberation, consideration or vote on the transaction or matter at issue. A notation must be made in the minutes of any meeting at which deliberation, consideration or vote on the transaction or matter at issue is undertaken indicating that the individual with a conflict or potential conflict of interest was excused from the meeting during the time that consideration of the transaction or matter was undertaken, took no part in any discussion pertaining to the transaction or matter and refrained from voting on the transaction or matter.

The Association has instituted a Mandatory Disclosure Policy under which each of the following categories of individuals will be required on an annual basis to sign and submit a Mandatory Disclosure Statement (sample attached) to the President:

1. Board of Directors.
2. Officers.
3. Other specific appointees as designated by the President or the Board of Directors.

The President shall maintain and annually update a file of Mandatory Disclosure Statements signed by each above-named individual.

**Independent Insurance Agents of North Carolina**  
**Conflict of Interest Mandatory Disclosure Statement**

I have read the Independent Insurance Agents of North Carolina Association, Inc. (the "Association") Conflict of Interest Statement and I support its intent.

I hereby certify, that to the best of my knowledge, I do not have any financial or other interest that raises an actual or potential conflict of interest with my activities on behalf of the Association. If any actual or potential conflict of interest exists, the conflict as well as the financial or other interest upon which it is based are listed below and are more fully described in the written statement I have attached to this form.

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If an actual or potential conflict of interest subsequently develops, I will promptly submit an amended Mandatory Disclosure State to the President, , \_\_\_\_\_ or \_\_\_\_\_.

As directed and where appropriate, I will make disclosure of the conflict of interest to fellow members of the Association's deliberative bodies.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date