



INDEPENDENT INSURANCE AGENTS OF NORTH CAROLINA



Agency Membership Application

Submit application to membership@iianc.com or fax to 919-821-3172

I, the undersigned, do hereby make an application for membership with the Independent Insurance Agents of North Carolina, Inc. and the Independent Insurance Agents and Brokers of America, Inc. I attest that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

Agency Name: _____ ID# (internal use): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Total # of Employees: _____ Date Established: _____

Agency Owner/Principal: _____ Date of Birth: _____

Email Address: _____ NPN: _____

- Yes No The agency has one or more NC resident agents with an active and unrevoked insurance license issued by the North Carolina Department of Insurance and/or maintains a physical office in NC.
- Yes No The agency is actively engaged, or has the ability to be engaged, in the property and casualty and/or life and health insurance business.
- Yes No The agency operates on a commission and/or fee basis for its own account, owns its expirations within the terms of agency contracts, and has the ability to legally represent more than one insurance company.
- Yes No The agency agrees to abide by all the provisions and beliefs stated in the association's [Code of Ethics](#) and will do its part to uphold and perpetuate the profession of these independent insurance agents.
- Yes No The agency chooses to accept and be bound by the terms of the [Trusted Choice® Pledge of Performance](#). (You may decline participation in the Trusted Choice® Program and not be bound by the terms by opting out. No license is then granted to use the trademark, advertising, or be listed on www.TrustedChoice.com agency locator.)
- Yes No Agency employee(s) consent to receive communications sent by or on behalf of IIANC, Inc. and their subsidiaries and affiliates via regular mail, email, telephone, or fax.

Membership Dues Calculation:

(IIANC membership year runs Sept. 1 – Aug. 31. Annual membership dues will be pro-rated after Dec. 1.)

1. Annual Agency Revenue: \$ _____
(Add all personal and commercial P&C commissions, all individual and group commissions associated with L&H products, all fee income paid in lieu of commissions, and all mutual fund income based on the last calendar year ending December 31.)

Dues Code: _____

Dues Amount: \$ _____

2. Number of branch locations: _____
(Agency locations other than your main location)

\$300 per location = \$ _____

3. Total Membership Dues: \$ _____

(Add dues and branch location amounts from 1 & 2)

Dues Code	Annual Revenue	Annual	Semi-Annual	Quarterly (Auto-pay)	Monthly (Auto-pay)
1	\$10M or Above	\$3,080	\$1,660	\$835	\$280
2	\$7.5M - \$10M	\$2,695	\$1,450	\$725	\$245
3	\$5M - \$7.5M	\$2,420	\$1,310	\$650	\$220
4	\$2.5M - \$5M	\$2,145	\$1,155	\$585	\$200
5	\$1M - \$2.5M	\$1,835	\$985	\$495	\$170
6	\$500K - \$1M	\$1,735	\$935	\$465	\$155
7	\$400K - \$500K	\$1,625	\$885	\$440	\$150
8	\$300K - \$400K	\$1,500	\$810	\$405	\$135
9	\$200K - \$300K	\$1,205	\$650	\$325	\$110
10	\$100K - \$200K	\$1,100	\$590	\$300	\$100
11	\$75K - \$100K	\$1,000	\$535	\$265	\$90
12	Up to \$75K	\$890	\$485	\$240	\$80
Start-up Agency	Agency in 1 st year of operation	\$500	\$270	\$140	\$50



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Agency Payment Authorization

Submit payment form to membership@iianc.com or fax to 919-821-3172

Agency Name: _____ ID# (internal use) _____

Agency Owner/Principal: _____

IIANC membership dues can be paid annually or via perpetual membership. Please select your preferred payment option below:

One-time Annual Dues Payment: *Payment will be processed upon receipt*

- Check made payable to IIANC enclosed or being sent under separate cover
- Payment information via credit card or bank draft provided below

(OR)

Perpetual Membership: *Automated dues payments based on frequency chosen below. Agency and branch location membership will renew automatically each year on September 1 via the form of payment below (unless you notify IIANC in writing of your intent to cancel). Any branch fees will be charged in full each September 1 through a separate transaction.*

- Monthly payments** Deducted at the time of processing & continue thereafter on the first of each month
- Quarterly payments** Deducted at the time of processing & continue thereafter on Sept. 1, Dec. 1, March 1 and June 1
- Semi-annual payments** Deducted at the time of processing & continue thereafter on Sept. 1 and March 1
- Annual payment** Deducted at the time of processing & continue thereafter every Sept. 1

Payment by Credit or Debit Card:

Name on Card: _____

Credit Card Number: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Expiration Date: _____ CVV2#: _____

EFT Payment by Bank Draft:

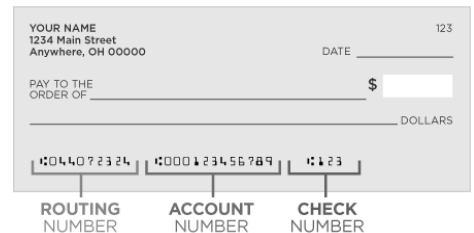
- Checking Account Savings Account

Name of Bank: _____

Name of Signee: _____

Routing Number: _____

Account Number: _____



I hereby authorize Independent Insurance Agents of North Carolina, Inc. to initiate a debit entry from my/our account at the depository named above. To correct a transaction error, Independent Insurance Agents of North Carolina, Inc. is hereby authorized to initiate an adjusting debit or credit entry to my/our depository account. If a change in dues amount occurs, Independent Insurance Agents of North Carolina, Inc. is hereby authorized to charge the new dues amount with written notification sent to me, as the member, via mail or electronically no less than (15) days prior to the next transaction date. This authorization is to remain in full force and effect until the Independent Insurance Agents of North Carolina, Inc. has received written notification from me (or either of us) of its termination no less than (15) days prior to the next transaction date. Any member may resign from membership by filing a *written resignation* and sending the request to Natalie Simpson at nsimpson@iianc.com. Such resignation shall not relieve the member so resigning of the obligation to pay for: any charges or fees incurred, services or benefits actually rendered, dues, assessments, or contractual obligations. A \$15 service fee will be charged for all payments returned for insufficient funds.

Authorization Signature: _____ **Date:** _____