

IIAK Agency Membership Application



Independent Insurance
Agents of **Kentucky**

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

Agency Information

Agency Name		Main Contact			
Mailing Address	City	State	Zip	Which address do you prefer to receive mailings? <input type="checkbox"/> Physical <input type="checkbox"/> P.O. Box	
P.O. Box	P.O. Box City	State	Zip	County	
Phone	Fax	FEIN #			
Email Address	Web Address	E&O Carrier		E&O Expiration Date	

Branch Listing

Each branch is \$200.00 per year paid on an annual basis. Attach an additional piece of paper for more than one branch.

Branch Name		Main Contact at Branch			
Mailing Address	City	State	Zip	Which address do you prefer to receive mailings? <input type="checkbox"/> Physical <input type="checkbox"/> P.O. Box	
P.O. Box	P.O. Box City	State	Zip	County	
Phone	Fax	FEIN #			
Email Address				Percentage of Ownership:	

Companies Represented

Employee Listing

Attach an additional piece of paper to add additional employees.

	Employee #1	Employee #2	Employee #3
Name (Including Designations)			
Email Address			
Title			
Date of Birth			
License #			
License Type(s) & Certifications	<input type="checkbox"/> Adjuster <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Consultant <input type="checkbox"/> Life & Health <input type="checkbox"/> Life Settlement <input type="checkbox"/> Personal Lines <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Other	<input type="checkbox"/> Adjuster <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Consultant <input type="checkbox"/> Life & Health <input type="checkbox"/> Life Settlement <input type="checkbox"/> Personal Lines <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Other	<input type="checkbox"/> Adjuster <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Consultant <input type="checkbox"/> Life & Health <input type="checkbox"/> Life Settlement <input type="checkbox"/> Personal Lines <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Other

Dues Calculation

Dues are based on agency NET commissions by class. The information you submit is confidential for IIAK office use only.

NET (Gross less RETURN) commissions include PROPERTY, CASUALTY, SURETY, LIFE and HEALTH commissions, but exclude CONTINGENT commissions and commissions paid to other agents (generally referred to as BROKERAGE. The agents receiving such commissions would report them on their dues schedule). Net commission figures are those received in the latest fiscal year ending 2012.

If you have branch membership(s) the invoices will be included for their renewal. The commission(s) of the branch office(s) MUST be included in the total commission figure. The fee for Branch offices is \$200.00 each per year, **paid on an Annual basis**. Association dues are not deductible as charitable contributions for federal income tax purposes; however, dues payments may be deductible by members as ordinary and necessary business expenses.

Net Commissions	Dues Class	Annual Dues	Net Commissions	Dues Class	Annual Dues
\$ 1,000 to \$ 50,000	1	\$ 480	\$750,001 to \$875,000	10	\$1790
\$ 50,001 to \$75,000	2	\$ 630	\$875,001 to \$1,000,000	11	\$1960
\$ 75,001 to \$100,000	3	\$ 760	\$1,000,001 to \$2,000,000	12	\$2085
\$100,001 to \$150,000	4	\$ 925	\$2,000,001 to \$4,000,000	13	\$2310
\$150,001 to \$250,000	5	\$1085	\$4,000,001 to \$6,000,000	14	\$2500
\$250,001 to \$375,000	6	\$1270	\$6,000,001 to \$8,000,000	15	\$2775
\$375,001 to \$500,000	7	\$1385	\$8,000,001 to \$10,000,000	16	\$3120
\$500,001 to \$625,000	8	\$1535	\$10,000,001 +	17	\$3300
\$625,001 to \$750,000	9	\$1665			

Dues Payment

I (we) hereby authorize Independent Insurance Agents of Kentucky, Inc., hereinafter called ASSOCIATION, to initiate debit entries for membership dues from our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from our account must comply with the provisions of U.S. law.

I (we) wish to pay my (our) membership dues:

DUES CLASS: _____ (Select from above chart)

Annually Semi-Annually (51% of Annual) Quarterly (26% of Annual) Monthly (9% of Annual)

Financial Institution		Branch	
Address	City	State	Zip
Routing Number	Account Number	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority is to remain in full force and effect until ASSOCIATION has received written notification from us of its termination in such time and manner as to afford ASSOCIATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**

****Annual dues payments may be accepted by check. All others must sign up for ACH payment.**

Total Dues Amount: _____

Optional Donations

What is InVEST ?

The InVEST program in Kentucky is designed to provide hands-on education at the community college level in insurance and risk management, so students can gain skills to help them be successful insurance professionals. They are your future young agents, CSRs, underwriters, and managers. Be part of investing in the future of the industry by making a contribution to the Kentucky Insurance Workforce Development Foundation (KIWDF), which supports the InVEST program in Kentucky.

Make your tax deductible contribution by including it with your dues payment or writing a separate check to the KIWDF.

Optional Donation (tax deductible): _____



What is KAPAC? The Kentucky Agents Political Action Committee (KAPAC) is a state political action committee of IIAK that supports candidates who serve in the Kentucky General Assembly in Frankfort.

Why have KAPAC? The law prohibits IIAK from making political contributions. Through KAPAC, agents can make a contribution to give collectively and have a stronger voice. Our dues support our staff in Frankfort, but only KAPAC funds can be used to directly support candidates.

We need you! Please support KAPAC by sending your personal, partnership or LLC check TODAY to KAPAC, 13265 O'Bannon Station Way, Louisville, KY 40223. You can also make a personal contribution at www.iiak.org.

NOTE: KAPAC can only accept personal checks because the state law prohibits us from taking corporate contributions. However, we can accept contributions from unincorporated partnerships, individual proprietorships, or limited liability corporations (LLC).

Optional Contribution: _____

DO NOT INCLUDE ON YOUR DUES RENEWAL PAYMENT

I hereby agree to terms of membership of the Independent Insurance Agents of Kentucky and the Independent Insurance Agents and Brokers of America. I hereby certify that the information contained in this application is true and correct. By submitting payment of membership dues with this application, I agree that I have read and will adhere to the Trusted Choice® License Agreement (accessible at www.trustedchoice.com/licenseagreement) and Pledge of Performance and agree to the terms.

Signature _____ Date _____

Please return application to: IIAK, 13265 O'Bannon Station Way, Louisville, KY 40223

If you have any questions, please call (502) 245-5432 or email us at iiak@iiak.org.