

2018/2019 Membership Application



Independent Insurance Agents of Nebraska, Inc.
Independent Insurance Agents & Brokers of America, Inc.
8231-B Northwoods Drive ♦ Lincoln, NE 68505
402.476.2951 Fax: 402.476.1586 E-Mail: office@biginebraska.org
Website: www.ian.org

All information will be held in strict confidence.

All agency locations and personnel are Big "I" members when you belong to IIAN!

Main Agency Location

Agency Name: _____ Primary Contact: _____
E-Mail Address: _____ Website Address: _____
Mailing Address: _____ City: _____ Mailing Zip Code: _____
Street Address: _____ Street Zip Code: _____ County: _____
Phone Number: _____ Fax Number: _____
Agency Ownership: Individual Partnership Corporation Other _____

Do you plan to plan to hire any of the following over the next 12 months? We'd like to help!

CSR Producer Management Other _____

Please provide the following information for all of your agency's locations:

Total Number of Employees (include ALL 51% commonly owned agency locations): _____

"Employees" include all officers, owners, partners, producers, and other licensed or unlicensed employees and independent contractors who further the work of the agency or brokerage firm, wherever located in this state, whether involved with insurance, employee benefits, other financial services, or the administrative functions of the agency.

	Full Time	Part Time
Full Time = 30+ hrs. per week	Licensed: _____	_____
Part Time = <30 hrs. per week	Unlicensed: _____	_____

Check the ownership arrangement that best describes your agency:

- Single-location agency** – No branch offices.
- Multiple-location agency** – Agency has at least one branch location and all have at least a 51% common ownership. Multiple location agencies must apply for membership as one entity using the total P/C premium volume of all locations to determine total gross premium volume. *NOTE – Simple brokerage arrangements between agencies do not qualify for multi-location membership.*
- Cluster agency** – Group has at least two locations with less than 51% common ownership with a written marketing/administration agreement or contract in place.

2018/2019 Dues Investment Schedule

Please indicate your agency's 2017 gross P/C premium volume below. Also be sure to sign and date form.

Check Method of Dues Payment:

Annual
Annual investment
Is due 09/01/18

Quarterly
Quarterly payments are due
09/01/18
12/01/18
03/01/19
06/01/19

2017 P/C Premium Volume	Annual Investment	Quarterly Payment Amount	Total with Quarterly Payments
\$300,000 and under	\$366	\$102	\$408
\$300,001 - \$400,000	\$554	\$149	\$596
\$400,001 - \$500,000	\$680	\$180	\$720
\$500,001 - \$600,000	\$800	\$210	\$840
\$600,001 - \$750,000	\$921	\$242	\$968
\$750,001 - \$1,000,000	\$1,051	\$276	\$1,104
\$1,000,001 - \$2,000,000	\$1,234	\$324	\$1,296
\$2,000,001 - \$3,000,000	\$1,391	\$365	\$1,460
\$3,000,001 - \$5,000,000	\$1,699	\$446	\$1,784
\$5,000,001 - \$7,500,000	\$1,940	\$510	\$2,040
\$7,500,001 - \$10,000,000	\$2,023	\$531	\$2,124
\$10,000,001 - \$15,000,000	\$2,217	\$582	\$2,328
\$15,000,001 - \$20,000,000	\$2,253	\$592	\$2,368
\$20,000,001-\$25,000,000	\$2,416	\$635	\$2,540
25,000,001 - 30,000,000	\$2,473	\$649	\$2,596
\$30,000,001 - \$40,000,000	\$2,525	\$663	\$2,652
\$40,000,001 and above	\$2,583	\$678	\$2,712

Note that all agency locations and personnel are entitled to membership benefits.

State and National Big "I" Association Membership dues are based on the gross premiums written on all business exclusive of life and health insurance written during the 2017 calendar year. You MUST state and attest to your 2017 gross P/C premiums in order to be a member. All information is held in strict confidence.

2017 Gross P/C Premiums (including ALL 51% commonly owned locations):

\$ _____

This number should correspond to the figure shown on your errors & omissions insurance application form.

I, the undersigned, a principal of the above named agency, do hereby certify that the premium volume of the agency for the calendar year 2017 was as indicated on this application. I pledge to faithfully abide by the Articles of Incorporation and Bylaws of Independent Insurance Agents of Nebraska, Inc., to abide by the rulings and decisions of the Board of Directors, and to faithfully carry out the intent and spirit of the Code of Ethics of Independent Insurance Agents and Brokers of America, Inc., and the insurance statutes of the State of Nebraska.

I authorize the Independent Insurance Agents of Nebraska or its agents to verify any of the information contained in this application.

Signature _____ Title _____ Date _____

Dues or contributions to the IIA of Nebraska/IIAB of America are NOT deductible as a charitable contribution for federal income tax purposes; however, dues payments are deductible by members as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that the Independent Insurance Agents of Nebraska engages in lobbying. The non-deductible portion of the dues for 2018 is 20%. According to IIAN Bylaws, dues are fully earned effective September 1.

IF YOUR AGENCY IS SOLD OR MERGED DURING THE ASSOCIATION YEAR, THE REMAINING DUES PAYMENTS WILL BECOME DUE AND PAYABLE IMMEDIATELY!