

INDEPENDENT INSURANCE AGENTS OF SOUTH DAKOTA



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NEW MEMBER APPLICATION & RENEWAL FORM

PLEASE COMPLETE ONE FORM FOR EACH AGENCY LOCATION

Individual _____
 Partnership _____
 Corporation _____

Name of Agency _____

Street Address _____ PO Box _____

City _____ County _____ Zip _____

Telephone # _____ FAX # _____

Main Contact Person _____ Email _____
 Address _____

Are you considered a main office _____ or a branch _____

If Branch, Name & Location of Main Office

Agency _____ City _____

LIST ALL AGENCY EMPLOYEES AND EMAIL ADDRESSES:

*Form for additional employees included

Name:	E-mail Address:	Title: (Circle One Below)
		Owner/Principal Producer CSR/Support
		Owner/Principal Producer CSR/Support
		Owner/Principal Producer CSR/Support
		Owner/Principal Producer CSR/Support
		Owner/Principal Producer CSR/Support
		Owner/Principal Producer CSR/Support

Total number of all agency employees including owners. _____

HERE'S HOW TO COMPUTE YOUR IIASD MEMBERSHIP PAYMENT

Use your last calendar year (ending December 31) gross commissions (including life & health insurance) and send the amount that corresponds on the following table:

<u>Annual Commission</u>	<u>Dues Payment</u>
0 - 50,000	\$280
50,001 – 75,000	\$355
75,001 – 100,000	\$440
100,001 – 125,000	\$540
125,001 – 150,000	\$605
150,001 – 175,000	\$695
175,001 – 200,000	\$780
200,001 – 225,000	\$845
225,001 – 250,000	\$960
250,001 – 275,000	\$1,095
275,001 – 300,000	\$1,165
300,001 – 325,000	\$1,220
325,001 – 350,000	\$1,320
350,001 – 375,000	\$1,400
375,001 – 400,000	\$1,500
400,001 – 500,000	\$1,600
500,001 +	\$1,650

MEMBERSHIP PAYMENT FOR "MULTIPLE LOCATION" AGENCIES

Agencies with more than one office should combine gross commissions for all locations and remit dues accordingly.

Agencies who pay the maximum of \$1,650 for their main office must pay \$190 for each additional location if the additional locations exceed two. The \$190 fee is not payable for the first 2 locations.

Example: Main office with 2 additional locations pays \$1,650 total.

Main office with 3 additional locations pays \$1,650 plus \$190 for the 3rd location for a total of \$1,840

Trusted Choice Membership Bonus:

Your IIASD Board of Directors has voted to pay your Trusted Choice Membership Dues for 2019. This equates to \$60 for agencies with up to 10 employees and \$120 for agencies over 10 employees. Please notify us in writing if you do not wish to be a Trusted Choice Member.

NOTE: Dues to IIASD are deductible as an ordinary business expense, except as it pertains to lobby expenses. Dues deductibility percentage will be posted in our January Newsletter.

GROSS COMMISSIONS \$ _____

ANNUAL DUES \$ _____

IF PAYING SEMI ANNUALLY
(Add \$5.00 to each installment).

SEMI ANNUAL DUES \$ _____

IF PAYING QUARTERLY,
(Add \$5.00 to each installment.)

QUARTERLY DUES \$ _____

Signed _____ Date _____

THANK YOU FOR YOUR SUPPORT!