



# Independent Insurance Agents Association of Montana

3131 Dredge Drive, Helena, Montana

Phone: (406) 442-9555 | Fax: (406) 442-8263 | [www.iamt.org](http://www.iamt.org)

## Agency Member Application for July 1, 2021 – June 30, 2022

Renewal Due August 1, 2021

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency FEIN/Tax ID: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Dues Calculation

**Employee Definition:** IIAM dues are based on the total number of persons working in the property & casualty insurance business for your agency twenty (20) hours or more per week. This includes those working in an insurance capacity as stockholders, partners, individual proprietors, licensed persons, and all other employees who work for your agency as stated above.

| Number Employees | 1-2   | 3     | 4     | 5     | 6      | 7      | 8      | 9      | 10     | 11     | 12     | 13     | 14     | 15     | 16     |
|------------------|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Dues             | \$489 | \$641 | \$793 | \$945 | \$1097 | \$1249 | \$1401 | \$1553 | \$1765 | \$1917 | \$2069 | \$2221 | \$2373 | \$2525 | \$2677 |

**If more than 16 employees, please use this formula:**

$\$2,677 + (\$16 \times \text{the number of total employees}) = \text{Total Annual Dues.}$

Dues are capped at \$6,000.

**TOTAL NUMBER OF EMPLOYEES:** \_\_\_\_\_

**TOTAL DUES:** \$ \_\_\_\_\_

I certify that the total number of employees is accurate. I have read the Trusted Choice License Agreement (available at [www.trustedchoice.com/licenseagreement](http://www.trustedchoice.com/licenseagreement)) and the Pledge of Performance ([www.trustedchoice.com/about-us/pledge-of-performance](http://www.trustedchoice.com/about-us/pledge-of-performance)).

Enclose the following documents with payment or email to [processing@iamt.org](mailto:processing@iamt.org):  
Proof of E&O  
Corporate License  
Writing Agent Licenses  
W-9  
EFT Authorization Form\*  
(\*For commission payments)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### How to Pay

|                                |  |
|--------------------------------|--|
| <b>Due Date:</b>               | 8/1/2021                                 |
| <b>Make Checks Payable to:</b> | IIAM                                     |
| <b>Mail to:</b>                | IIAM, 3131 Dredge Drive, Helena MT 59602 |

Dues include membership in the Independent Insurance Agents & Brokers of America. Dues to Independent Insurance Agents' Association of Montana are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. 11% of the dues, however, is not deductible as an ordinary and necessary business expense to the extent your Association engages in lobbying





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## Branch Locations

Please include with your application. Duplicate as needed.

Branch 1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Branch 2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Branch 3: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_