

VERMONT INSURANCE AGENTS ASSOCIATION MEMBERSHIP APPLICATION



Principal Contact: _____ Email: _____

Agency: _____ Federal ID #: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Website Address: _____

VIAA DUES

Membership Fees are based on the total employee count (all functions and all locations) on record for your agency, in addition to branch location fees. Part-time employees (< 30 hrs per week) count as 1/2. Branch Fees are \$100 per location.

VIAA Membership dues are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense to the extent provided by law. Please consult with your tax advisor to determine whether your membership fees are deductible.

Membership Dues Schedule

1 Employee	\$470	10-11 Employees	\$865
2 Employees	\$500	12-15 Employees	\$1,090
3 Employees	\$530	16-19 Employees	\$1,305
4-5 Employees	\$585	20-25 Employees	\$2,205
6-7 Employees	\$655	46-30 Employees	\$3,205
8-9 Employees	\$720	31+ Employees	\$3,205*
		* plus \$5 per employee over 31	

DUES CALCULATION

Base agency membership dues based on number of employees: \$ _____

Number of branches x \$100.00: \$ _____

Employee fee for employees over 31 @ \$5.00 \$ _____

Total dues (Base + Branch Fee + Employee Fee) \$ _____

I hereby certify that the information contained in this application is true and correct. I authorize the Vermont Insurance Agents Association or its agents to verify any of the information contained in this application.

Signature _____

Title _____

A portion of membership payments to the Vermont Insurance Agents Association is deductible as ordinary and necessary business expenses under the Internal Revenue Code. They are not deductible as charitable contributions.

PAYMENT OPTIONS

My check is enclosed. Mail and make checks payable to VIAA s 600 Blair Park Road Suite 100 s Williston, VT 05495

Please charge my credit card: Visa Mastercard Discover American Express

Card Number: _____ Name on Card: _____

Expiration Date: _____ Security Code: _____

DEMOGRAPHICS

Gross annual revenue: \$ _____

Lines of business/service that agency provides (check all that apply):

Personal Lines Commercial Lines Employee Benefits Financial Services

This agency is contractually free to represent multiple (check all that apply): P&C Companies L&H Companies

Please list three different companies represented:

1. _____ 2. _____ 3. _____

Does your agency have a niche or specialty, if so, what is it? _____

Do you have an aggregator or cluster affiliation? Yes No If yes, who do you work with? _____

What agency management system do you use? _____

E&O renewal date: _____ E&O carrier: _____

How many branches do you have? _____

DEMOGRAPHICS

Please list all agency employees (full and part time). Attach additional sheets if necessary.

Name	Part time?	Email	Role in Agency*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please select the role that BEST describes the employees role in the agency.