



INDEPENDENT INSURANCE AGENTS OF OKLAHOMA Agency Membership Application

When applying for IIAO membership, the following information must be submitted:

1. Completed and signed application for membership.
2. Payment for dues (pro-rated if applicable).

Return completed forms and payment to:

IIAO, PO Box 13490, Oklahoma City OK 73113 or Fax to 405-840-4450

Contact IIAO with any questions (405) 840-4426 or (800) 324-4426.

Please complete the following questions:

- Is your entity doing business as an individual, partnership, corporation, or other form of business organization holding a valid Oklahoma resident agent's license? ☐ YES ☐ NO
- Does your entity provide insurance and financial products to end users (the consumer)? ☐ YES ☐ NO
- Does your entity have the ability to represent multiple carriers? ☐ YES ☐ NO
- Does your entity own 51% or more of its expirations and renewals? ☐ YES ☐ NO

Agency Name: _____

Mailing Address: _____ City/State: _____ Zip: _____

Street Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ County: _____

Tax ID: _____ Website: _____

E&O Carrier: _____ Expiration date: _____

Limits of Liability: _____ What is your current premium? _____

Primary Contact: _____ Email*: _____ NPN# _____ License #: _____

Have you or any agency officer, principal, or employee ever been accused, charged, pleaded nolo contendere, or been convicted of a felony? _____
If yes, please provide the details (attach additional sheet if necessary): _____

Please list all branch locations (additional offices to main location, must use same Tax ID no.). Use an additional sheet if necessary.

Agency Name: _____

Mailing Address: _____ City/State: _____ Zip: _____

Street Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ County: _____

Branch Main Contact: _____ Email*: _____ NPN# _____ License #: _____

Please list additional agency personnel. Use an additional sheet if necessary.

Full Name (with designations)	Location	NPN#	License #	Email Address*
1. _____				
2. _____				
3. _____				
4. _____				

*Email address will be used to distribute IIAO news and announcements. Email addresses will not be sold or given to other companies.



INDEPENDENT INSURANCE AGENTS OF OKLAHOMA

Agency Membership Dues

Membership dues are comprised of two things:

1. Total number of staff for ALL locations.
2. An additional fee of \$75 for each branch location (in addition to main location).

Contact IIAO with any questions

: 405.840.4426 or kortney.wahkinney@bigiok.com

The membership investment you make in IIAO provides a range of benefits and services. In order to calculate your agency's annual investment, look up your agency's total number of staff on the table shown and the corresponding annual dues investment.

The total includes all staff in your agency, including those working in all branch offices. **A branch office must use the same federal tax identification number as the main office.** Those offices using different tax identification numbers are considered separate agencies and must join separately.

Our fiscal year is July 1-June 30. You may pro-rate the annual dues amount if you join prior to April 1. Members joining after April 1 will pay the full annual amount which will include the last three months of the current year plus the next full year.

Your annual dues investment in the Independent Insurance Agents of Oklahoma (IIAO) includes membership in IIABA and your participation in Trusted Choice, the national independent agent's brand.

Staff Definition: Staff is defined as each officer, owner, partner, producer, CSR, and other licensed and unlicensed employee and independent contractor who furthers the work of the agency or brokerage firm, wherever located, whether involved with insurance, employee benefits or other financial services of the agency. Those who work 30+ hours per week should be counted as '1.' Those who work under 30 hours should be counted as '½.'

Branch Locations: Please list all branch locations and branch staff on the application (use a separate sheet of paper if necessary). Branches **must have** the same Federal Tax ID Number as the main location to be considered a branch location.

Total Number of Staff	Dues Investment
1 to 3.....	\$450
4	\$560
5	\$620
6	\$720
7	\$825
8	\$930
9	\$1035
10	\$1,200
11	\$1,300
12	\$1,400
13	\$1,520
14	\$1,620
15	\$1,720
16	\$1,820
17	\$1,945
18	\$2,045
19	\$2,145
20	\$2,250
21	\$2,350
22	\$2,460
23	\$2,570
24	\$2,675
25	\$2,775
26	\$2,880
27	\$3,000
28	\$3,100
29	\$3,200
30	\$3,300
31-40.....	\$3,400
41-60.....	\$3,875
61-90.....	\$3,940
91+	\$4,200
Branch Office	\$75 per additional location

- 1) Total Number of Staff: Full-time _____ + Part-time _____ = _____ Staff = \$ _____ Dues (from table above) _____
- 2) Number of Additional Branch Locations (**do not include main location**) _____ x \$75/each = \$ _____
- 3) Total Dues Investment (add totals from lines 1 and 2 above): \$ _____

Payment must be submitted with application.

Check one: ☐ Check Enclosed (payable to IIAO)

Agency Name: _____

Or pay online: <https://iiaok.epaypolicy.com>

Signature: _____

Certification: I hereby agree to terms of membership of Independent Insurance Agents of Oklahoma and the Independent Insurance Agents and Brokers of America. I have received, read and agree to comply with the Big "I" Code of Ethics. By signing below, I agree that I have read and will adhere to the Trusted Choice License Agreement and Pledge of Performance (accessible at www.trustedchoice.com/licenseagreement)

Agency Principal Signature: _____ Date: _____



INDEPENDENT INSURANCE AGENTS OF OKLAHOMA Code of Ethics

I believe in the insurance business and its future, and that the Independent Insurance Agent is the instrument through which insurance reaches its maximum benefit to society and attains its most effective distribution.

I will do my part to uphold and build the Independent Agency System which has developed insurance to its present fundamental place in the economic fabric of our nation. To my fellow members of the Independent Insurance Agents of Oklahoma and the Independent Insurance Agents & Brokers of America, I pledge myself always to support right principles and oppose bad practices in the business.

I believe that these three have their distinct rights in our business: first, the Public; second, the Insurance Companies; and third, the Independent Insurance Agents, and that the rights of the Public are paramount.

To the Public

I regard the insurance business as an honorable occupation and believe that it affords me a distinct opportunity to serve society.

I will strive to render the full measure of service that would be expected from an Independent Insurance Agent.

I will analyze the insurance needs of my clients, and to the best of my ability, recommend the coverage to suit those needs.

I will endeavor to provide the public with a better understanding of insurance.

I will work with the national, state and local authorities to heighten safety and reduce loss in my community.

I will take an active part in the recognized civic, charitable, and philanthropic movements which contribute to the public good of my community.

To the Companies

I will respect the authority vested in me to act on their behalf.

I will use care in the selection of risks, and do my utmost to merit the confidence of my companies by providing them with the fullest creditable information for effective underwriting,

nor will I withhold information that may be detrimental to my companies' sound risk taking.

I will expect my companies to give to me the same fair treatment that I give to them.

To Fellow Members

I pledge myself to maintain friendly relations with other agencies in my community. I will compete with them on an honorable and fair basis, make no false statements, nor any misrepresentation or omission of facts.

I will adhere to a strict observance of all insurance laws relative to the conduct of my business.

I will work with my fellow Independent Insurance Agents for the betterment of the insurance business.

Realizing that only by unselfish service can the insurance industry have the public confidence it merits, I will at all times seek to elevate the standards of my occupation by governing all my business and community relations in accordance with the provisions of this Code and by inspiring others to do likewise.