



APPLICATION FOR MEMBERSHIP

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

1. **Completed and signed application for membership**
2. **Payment for dues (pro-rated if applicable) - Check payable to IIABSC or valid credit card**

Date: _____

Agency Name: _____

Mailing Address: _____
Mailing Address City State Zip Code

Street Address: _____
Street Address City State Zip Code

Phone: _____ Fax: _____ County: _____

E-Mail*: _____ Web site: _____

Agency Principal: _____ Main Contact: _____

Ownership is: Individual Partnership Corporation - Federal ID#: _____

**Email address will be used to periodically distribute IIABSC news and announcements and IIABSC sponsored programs and events.*

ANNUAL DUES SCHEDULE

(Dues Year January 1 to December 31)

IIABSC dues are based on the *total number of employees for all locations of your agency*. For purposes of assessing dues, "employee" includes 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, whether involved with insurance, employee benefits, or other financial services of the agency. "Leased" employees are considered the same as regular employees.

1. Calculate Total Employee Count

Total **Full-Time** Employees
for all locations
(work 30 hours per week or more)

Total **Part-Time** Employees
for all locations
(work less than 30 hours per week)

Total Employees
Use "1" for each full-time
Use "1/2" for each part-time
(Round up, if applicable)

	+		=	
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2. Select Correct Dues Category Based on Total Employees

Employees	Dues Amount	Employees	Dues Amount	Employees	Dues Amount
1-3	\$ 730	10	\$1,664	17	\$2,357
4	\$ 890	11	\$1,763	18	\$2,456
5	\$1,016	12	\$1,862	19	\$2,555
6	\$1,115	13	\$1,961	20	\$2,654
7	\$1,214	14	\$2,060	21	\$2,725
8	\$1,341	15	\$2,159	22+	\$2,725 + \$22 per employee over 21
9	\$1440	16	\$2,258		

**** Member dues include a contribution to the IIABSC PAC**

3. Amount Due Based On Category Above (pro-rated if applicable)

(Discount available for "start-up" agencies)

\$ _____

Please list all branch locations (additional offices to the main location). Use separate sheet if necessary.

Branch Name: _____

Address: _____
Mailing Address City State Zip Code

Please answer the following questions. Provide additional details on a separate sheet for any "no" response.

- 1. ____ Yes ____ No Are you and your agency actively engaged in the property and casualty business?
- 2. ____ Yes ____ No Does your agency have one or more SC resident agents with an active and unrevoked insurance license issued by the South Carolina Department of Insurance to represent licensed property and casualty insurance companies?
- 3. ____ Yes ____ No Does your agency operate solely on a commission and/or fee basis as independent contractors of property and casualty companies and maintain offices separate from the insurance companies?
- 4. ____ Yes ____ No Do you and your agency have the legal ability to represent more than one insurance company?
- 5. ____ Yes ____ No Does your agency own a majority of its policy expirations and/or renewal rights?
- 6. Please list the top four (4) insurance companies, based on your premium volume with the company, that your agency represents:
A. _____ B. _____
C. _____ D. _____
- 7. What approximate percentage of your total insurance business consists of:
Property & Casualty: _____% Life, Accident & Health: _____%
- 8. Total Property/Casualty premium volume for agency: \$ _____
- 9. Year Agency Established: _____ 10. Year Agency Began P/C Operations: _____

I, the undersigned, do hereby make application for membership in the Independent Insurance Agents & Brokers of South Carolina and the Independent Insurance Agents & Brokers of America, Inc. I have read and agree to the terms of the Trusted Choice License Agreement and Pledge of Performance. If accepted as a member, I agree to abide by all of the provisions and by-laws of the Association and will do my part to uphold the professional image of the Independent Insurance Agents.

I agree to support, with other members, the various programs of these associations and shall not only contribute to its financial support but, when possible, will invest a personal interest in the various Association activities, thereby improving my ability to serve the citizens of South Carolina.

Signature _____ Date _____

Method of Payment: Check (Payable to IIABSC) MasterCard Visa American Express

Card Number: [] Exp. Date: ____/____/____ CVV Code*: _____

* See www.iiabsc.com/secure for more info

Name of Cardholder: _____ Cardholder Signature: _____

Billing Address: _____
Mailing Address City State Zip Code

APPLICATION, DUES PAYMENT AND ATTACHMENTS BOULD BE RETURNED TO:

IIABSC • 800 Gracern Rd • Columbia, SC 29210

Phone: (803) 731-9460 • Fax: (803) 772-6425 • www.iiabsc.com • information@iiabsc.com





Independent Insurance Agents & Brokers of South Carolina

Automated Debit Authorization & Agreement for IIABSC Membership Dues

Contact Name: _____

Business Name: _____

Address: _____

City, State, ZIP: _____

Billing name & address: [] Same as above)

Phone: _____

City, State, ZIP: _____

Annual Membership Dues: \$ _____

Payment Options

[] **Authorize one-time dues payment**

Please deduct a one-time payment of \$ _____ for the total amount of annual IIABSC membership dues.

[] **Authorize monthly dues payments**

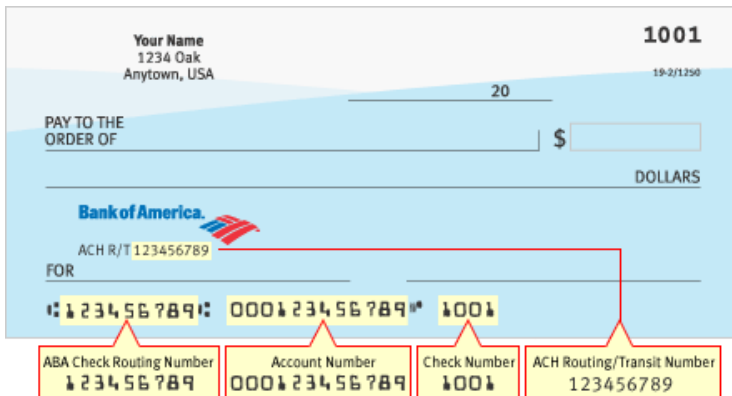
To be withdrawn on the 15th of each month. Membership will automatically renew each year on January 1st with payments being transferred from my account on the 15th of each month. Please deduct one-twelfth 1/12 of annual IIABSC membership dues each month and automatically renew on an annual basis.

I hereby authorize Independent Insurance Agents & Brokers of South Carolina, Inc. to initiate a debit entry to my/our account at the Depository named below. To correct a transaction error, Independent Insurance Agents & Brokers of South Carolina, Inc. is hereby authorized to initiate an adjusting debit or credit entry to my/our depository account. I am an authorized signer for my/our account.

The authorization is to remain in full force and effect until the Independent Insurance Agents & Brokers of South Carolina has received written notification from me (or us) of its termination no less than 15 days prior to the next transaction date. I will incur a \$4 service fee for any payment transaction returned/declined by my/our Depository account due to non-sufficient funds or change(s) to my/our account that have not been approved via written notice to the Independent Insurance Agents & Brokers of South Carolina, Inc., previous to the return/decline. By paying your dues you are agreeing to accept and adhere to the Trusted Choice License Agreement and Pledge of Performance (www.trustedchoice.com/licenseagreement). You may opt out by emailing trustedchoice@iiaba.net.

Authorization Signature x _____

Date x _____



Payment by Bank Account

Use information on file (check here) _____

First, Last Name of Authorized Check Signer

Bank Routing Number: _____

Bank Account Number: _____



License Agreement

This License (“Agreement”) is made between Trusted Choice®, Inc. (“Trusted Choice”) and the independent insurance agency (“Licensee”) that completes this registration process to enroll in the Trusted Choice® Program (“Program”).

BY SIGNING, LICENSEE EXPRESSLY AGREES TO BE BOUND BY ALL TERMS OF THIS AGREEMENT. IF LICENSEE DOES NOT AGREE TO ALL TERMS OF THIS AGREEMENT, NO LICENSE IS GRANTED TO USE THE MARK (AS DEFINED BELOW) OR PARTICIPATE IN THE PROGRAM.

1. The Program and Registration

A. Program. The Program, and the “Trusted Choice” name, logos and trademarks (collectively “Mark”) are proprietary to Trusted Choice® and are protected by intellectual property laws and treaties. Licensee’s use of the Mark is as a licensee and Licensee will not acquire any ownership rights in the Mark.

B. License. Trusted Choice® grants to Licensee a nonexclusive, nontransferable, nonassignable, nonsublicenseable, revocable license to use the Mark under the Program, and only as permitted by the Program. Nothing in this Agreement shall be construed to grant any right or interest to Licensee to use any other mark owned or used by Trusted Choice®.

2. Representations and Warranties

Licensee represents and warrants to Trusted Choice® that: (A) Licensee is a member in good standing of a state association affiliated with the Independent Insurance Agents of America, Inc. (“IIABA”); (B) Licensee shall comply with all terms and conditions of this Agreement, including, without limitation, all exhibits incorporated into the Agreement; (C) Licensee has provided accurate and complete registration information, including, without limitation, Licensee’s legal name, address, telephone number, and email address; and (D) the person entering into this Agreement on behalf of Licensee is fully authorized to do so.

3. Pledge of Performance

Licensee agrees to the Pledge of Performance, attached hereto as Exhibit A and incorporated herein by reference.

4. Acceptable Trademark Rules

Licensee agrees to abide by all terms and conditions of the Trusted Choice® Logo Rules, attached hereto as Exhibit B and incorporated herein by reference, including on all printed and electronic materials (collectively “Materials”) used or distributed by Licensee using the Mark.

5. Term

This Agreement is effective on Licensee’s acceptance of this Agreement and shall continue until terminated by either party hereto as provided for herein. Licensee may

terminate this Agreement at any time and for any reason on written notice to Trusted Choice®. Trusted Choice® may, at any time and for any reason, such as, but not limited to, breach of this Agreement or failure to remain a member in good standing of an IIABA state association: (A) suspend Licensee’s participation in the Program and authorization to use the Mark; and (B) terminate this Agreement.

6. Indemnification

Licensee shall defend, indemnify, and hold harmless Trusted Choice® and its corporate affiliates, and their respective officers, directors, employees and agents, against all claims, demands, causes of action, or liability (collectively “Claims”) arising out of or related to Licensee’s use of the Mark or participation in the Program. Licensee shall promptly reimburse Trusted Choice® and its corporate affiliates, and their respective officers, directors, employees and agents for all expenses and costs incurred in defending Trusted Choice® against all Claims, including, but not limited to, attorney’s fees. Trusted Choice® or its corporate affiliate, as appropriate, shall have the right, in their respective sole discretion, to select counsel to defend them or their officers, directors, employees and agents against all Claims. This indemnification shall survive termination of this Agreement.

7. Acknowledgments

Licensee acknowledges that: (A) this Agreement and the Program are not a sale to Licensee or grant of a right to enter into a business; (B) Licensee obtains Licensee’s appointments or rights to offer and sell insurance or any other product or service from sources other than Trusted Choice®; (C) Licensee’s participation in the Program is voluntary; (D) Licensee can elect to use materials created by Trusted Choice®, but does not need to and is not required to do so as a condition to voluntary participation in the Program; (E) Trusted Choice® does not and will not control Licensee’s business organization, promotion activities, management, marketing plan, business affairs or other aspects of Licensee’s business; (F) any offer of assistance provided by Trusted Choice® is not necessary or critical to the overall operation of Licensee’s business; (G) Licensee’s payment to Trusted Choice® reflects the fair market value of any materials and services offered or provided and is non-refundable; (H) Trusted Choice® does not provide Licensee any form of marketing plan (such as guidance or approval regarding site, facility design, operating hours, production techniques, accounting, personnel matters, customer or territory restrictions, or otherwise) but rather, Licensee develops Licensee’s own marketing plan using tools and resources available to Licensee from a variety of sources other than Trusted Choice®; (I) the Program is designed to supplement but not replace Licensee’s name and identity; and (J) Trusted Choice® may establish rules for access to and continued use of any Trusted Choice® materials that are available for voluntary use by Licensee.

8. Miscellaneous

A. *Law and Venue.* The parties consent to submit to the

*License agreement
- continued from front*

jurisdiction of the state and federal courts of the Commonwealth of Virginia with respect to any dispute that may arise under this Agreement. This Agreement shall be governed by and interpreted according to the laws of the Commonwealth of Virginia, without reference to conflicts of laws rules.

B. Amendment. Trusted Choice® shall have the right, at any time and without notice, to add to or modify the terms of this Agreement, by posting the amended terms to the Trusted Choice® Web site. Licensee's continued participation in the Program after the date that the amended terms are posted shall be deemed to constitute acceptance by Licensee of the amended terms.

C. Waiver and Severability. No failure or delay in exercising or enforcing any right or remedy hereunder by Trusted Choice® shall constitute a waiver of any other right or remedy, or future exercise thereof. If any provision of this Agreement is determined to be invalid under any applicable statute or rule of law, it is to that extent to be deemed omitted, and the balance of the Agreement shall remain enforceable.

D. Interpretation. The captions used in this Agreement are for reference only and shall not be used to interpret the Agreement. The terms of this Agreement shall be interpreted according to their fair meanings and not strictly for or against any party.

E. Entire Agreement. This Agreement constitutes the entire agreement of the parties regarding the subject hereof, and supersedes any prior understandings or writings, and may be modified as provided for herein.

F. Assignment. This Agreement may not be assigned by Licensee without the prior written permission of Trusted Choice®.

G. Unsolicited E-Mails/Faxes. Licensee hereby authorizes Trusted Choice® or any of its corporate affiliates to send unsolicited commercial e-mails and/or faxes to Licensee and any of its employees.



Pledge of Performance

Trusted Choice® agencies are insurance and financial services firms whose access to multiple companies and commitment to quality service enable us to offer our clients competitive pricing, a broad choice of products and unparalleled advocacy.

As a Trusted Choice® agency, we are dedicated to you and are committed to treating you as a person, not a policy. This commitment means we shall:

Work with you to identify the insurance and financial services that are right for you, your family or your business and use our access to multiple companies to deliver those products.

Guide you through the claims process for a prompt and fair resolution of your claim.

Help you solve problems related to your coverage or account.

Explain the coverages and options available to you through our agency, at your request.

Return your phone calls and e-mails promptly and respond to your requests in a timely manner.

Provide 24/7 services for our customers, offering any or all of the following: emergency phone numbers, Internet account access, e-mail and call center services.

Use our experience and multiple company relationships to customize your coverage as needed.

Commit our staff to continuing education so they may be more knowledgeable in serving you.

Treat you with respect and courtesy.

Conduct our business in an ethical manner.

We pledge this to you, our clients and ask that you let us know if we fail to meet our commitment, so we may take corrective action.