

# H I I A

HAWAII INDEPENDENT  
INSURANCE AGENTS ASSOCIATION



## MEMBERSHIP APPLICATION

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

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

City, State & Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Agency Principal: \_\_\_\_\_

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

Date Agency  
Established: \_\_\_\_\_

Agency License Number: \_\_\_\_\_

### **AGENCY STAFF** (If more space needed, add on separate sheet)

Full Name (Please include Middle Initial) \_\_\_\_\_

Email Address \_\_\_\_\_

Role in Agency (CSR, Producer, Principal, etc.) \_\_\_\_\_

### **AGENCY CERTIFIES THE FOLLOWING:**

Carriers Represented

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Has agency ever been refused a license to act as an insurance broker or as such license even been suspended or revoked by an insurance department? Yes/ No (circle one)
- Does the agency represent primarily insurance companies who subscribe to the principles of the American Agency System? Yes/ No (circle one)
- Agency's Total written P&C Premium Volume: \_\_\_\_\_
- Agency Operations are independent from any other profession or business except: (list all that apply) \_\_\_\_\_

*The agency agrees, if elected to membership, to faithfully abide by the Constitution and By-Laws of the Association and all rulings of the Board of Directors; to faithfully carry out the intent and purpose of the Code of Ethics of the Independent Insurance Agents & Brokers of America, Inc.; and to endorse and support the National Advertising program of IIABA, and consider use of the Big "I" logo on agency stationary and elsewhere.*

\_\_\_\_\_  
Signature of Agency Principal or Officer                      Date                      Total Number of Staff

**MEMBERSHIP INFORMATION**

- HIIA is nationally affiliated with the Independent Insurance Agents & Brokers of America (IIABA) (the Big "I"). Membership in HIIA includes membership in IIABA.
- As a HIIA member, you are deemed to have accepted and be bound by the terms of the "Trusted Choice License Agreement"
- The HIIA and IIABA membership year is January 1 to December 31 annually.
- Membership dues are based on the number of staff on record that work 20 hours or more, primarily in property & casualty. The total number of staff includes all locations of the agency and all owners.
- Membership is subject to approval.
- Membership dues are non-refundable.
- Membership dues are subject to change.
- HIIA membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense.

**CALCULATING YOUR ANNUAL DUES**

- A. Number of Producers \_\_\_\_\_ Dues: \$160.00 each  
*Agency principals and managers should be included here.*  
*(DEFINITION OF PRODUCER): Someone who has responsibility for over \$50,000 premium volume and spends at least 80% of the time with property & casualty insurance work.*
- B. Number of Clerical Employees (full or part-time) \_\_\_\_\_ Dues \$60.00 each  
*(DEFINITION OF FULL/PART-TIME EMPLOYEE): An employee who spends 20 or more hours a week on property & casualty insurance business.*
- C. Total (A+B) \_\_\_\_\_

<p><b>NOTE: Minimum annual dues = \$500.00</b></p> <p><b>Maximum annual dues = \$4,000.00</b></p>
---