



Independent Insurance Agents' Association of Montana

Helena, Montana

email application to education@iiamt.org | iiamt.org

Agency Member Application for July 1, 2024 - June 30, 2025

Renewal Due June 31, 2024

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

AGENCY SIZE	2024 - 2025 DUES	5 PEOPLE	\$990	9 PEOPLE	\$1,630	13 PEOPLE	\$2,330
1 - 2 PEOPLE	\$515	6 PEOPLE	\$1150	10 PEOPLE	\$1,855	14 PEOPLE	\$2,490
3 PEOPLE	\$675	7 PEOPLE	\$1,310	11 PEOPLE	\$2,010	15 PEOPLE	\$2,650
4 PEOPLE	\$830	8 PEOPLE	\$1,470	12 PEOPLE	\$2,170	16 PEOPLE	\$2,810

If more than 16 employees, please use this formula:

$$\$2,810 + (\$16 \times \text{the number of total employees}) = \text{Total Annual Dues. Dues are capped at } \$6,000.$$

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) and the Pledge of Performance (www.trustedchoice.com/about-us/pledge-of-performance).

Enclose the following documents with payment of email to education@iiamt.org: Proof of E&O
 Corporate License
 Writing Agent Licenses
 W-9
 EFT Authorization Form*
 (*For commission payments)

Signature: _____ Date: _____

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.

Due Date: 8/1/2024
Make Checks Payable to: IIAMT
Mail to: IIAMT, 8354 Northfield Blvd,
 Suite 2710, Denver, CO 80238



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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: _____

Branch 4: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Contact: _____ Phone: _____

Email: _____