

Membership gives you a competitive advantage.

MARKET ACCESS | REPRESENTATION | KNOWLEDGE | E&O | BUSINESS TOOLS

Call 775-499-5844 or email susan@niiia.org to find out more. www.niiia.org



 **NEVADA**
INDEPENDENT INSURANCE AGENTS

BIG  SM

WHAT YOU NEED

ADVOCACY

- **A respected government affairs team** advocating for a fair insurance marketplace
- **Representation in Carson City and Washington D.C.** to be sure insurance-related issues are being addressed and fought for
- Advocacy efforts backed by a **million-dollar PAC** (the industry's only!)

HIRING & STAFFING

- **Attractive Job Postings** and a place to put it
- **Candidate screening and expert interviewing** to get you to the right hire
- **Retention programs** to keep your staff happy and perpetuating your agency
- **HR support, employee handbooks, and hiring and retention toolkits**

MARKETING

- **A competitive online presence** to attract new prospects to your agency
- **A robust marketing arm**, complete with professional produced, customizable content, ads, social posts and mailers
- **An opportunity to compete** against captive writers, InsurTechs, and directs taking up industry space
- **A connection to a national brand** that sets you apart

SOLUTIONS

- **Access to diverse array of markets** to fill your customers' changing needs
- **Continuing Education** and cutting-edge information that exceeds anything you'll find elsewhere
- One place you can **get an answer** to all the challenges you face
- **Protection for your agency** and benefits for your staff

NETWORKING

- **Access to company representatives and vendors** who offer services to support the success of your agency
- **Peers looking to connect** on issues and help you get answers to your challenges
- Collaborate with the **brightest and best professionals** our industry has to offer
- **A community that connects you** with the people and resources to get your job done

WE'VE GOT THAT.

Application as a Principal Member/Agency

Independent Agencies practicing Property & Casualty and/or Life & Health are welcome to apply for NIIA Principal Member/Agency membership. This is a full membership offering access to the wide range of NIIA services and the principal can vote in elections, hold positions on the state and national committees and the Board of Directors. Members are also enrolled in the National Independent Insurance Agents and Brokers of America (IIABA/ Big I) and Trusted Choice® with access to their products, services and logos.

Agency Name: _____ Yr. established _____

Telephone: _____ Fax: _____ website: _____

Physical Address: _____

Mailing/Billing Address: _____

List Branch locations: _____

of all employees _____ # of insurance Licenses _____

	Name	Title	Email	Designation (CISR, CIC)
Agency Principal				
Primary Contact				
Personal Lines				
Commercial Lines				
Emerging Leader				

Note: All employees have permission to access the NIIA and IIABA benefits. To do so, please provide a list of all employees, titles and their emails with this application.

Business Type: Corporation LLC/Partnership Individual/Sole Proprietor

List all principals and owners not listed above: _____

Is the agency owned or controlled by another agency? Yes No

If yes, name controlling entity: _____

The percentage of the lines of business that make up the agency:

CL _____% PL _____% L&H _____% Other _____

_____ is an independent Agency operating under the American Agency System.

Agency Name

List top 4 Carrier appointments:

Are you contracted with an aggregator or cluster? Yes No

If yes, please name all: _____

Current Errors and Omissions Carrier: _____ Expiring Date _____

Are you or your agency a member of other industry associations? Yes No

If yes, please list: _____

Please attach a copy of your current individual and, if applicable, business P&C license.

Applicants Certification: I hereby certify the information reported on this application is true and correct. I certify I am a duly licensed insurance producer operating either individually or as a business entity within the State of Nevada, maintaining an office and operating on a commission basis of my own/its own account with ownership of the expiration dates under the American Agency System. This application does not constitute a written offer or guarantee of approval for membership. I authorize the NIIA to verify any of the information contained in this application. Once approved for membership, I pledge to abide by the Code of Ethics of the Independent Insurance Agents & Brokers of America and the Bylaws of the Nevada Independent Insurance Agents, the Trusted Choice License Agreement including the Trusted Choice Pledge of Performance (as attached to this application) and the Insurance Statutes of the State of Nevada. I commit to keeping membership annual dues current as calculated per the agency employee count. I also agree to support the efforts of the Association and to do my part to uphold and perpetuate the profession of the Independent Insurance Agent including attending NIIA meetings and events.

Signature: _____ **Date:** _____

By signing this application, I give consent for the Nevada Independent Insurance Agents and its entities to send communications to the contacts herein.

Annual Dues Calculations:

Membership runs from acceptance of your application through June 30. Annual membership dues include NIIA state, IIABA (Big I) and Trusted Choice® association dues. Membership dues are based on the **total number of employees**. "Employees" include 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. Those who work 30+ hours per week should be counted as "1". Those who work under 30 hours should be counted as .5. NIIA dues are determined by the Board of Directors for each annual billing period. Dues are fully earned and not refundable. Dues are not pro-rated. Membership entitles member agencies to use the Independent Agents Association and the Trusted Choice® symbols, logos, promotional materials and programs. If membership is canceled, all the above must be removed from any agency materials.

Dues are based on a multiple of the national IIABA dues and Trusted Choice® fees and calculations are determined by the agency employee headcount. The minimum annual dues are \$700 for 1-3 employees.

Example Calculations:

Employee count	First 3 Employees	Next 19	Next 28	Next 50	Gross Cost	Trusted Choice	Gross IIABA Cost	NIIA x 1.45	Total Billed
5	\$205	\$58	\$0	\$0	\$263	\$60	\$323	\$468	\$851
11	\$205	\$232	\$0	\$0	\$437	\$120	\$557	\$808	\$1,485

Please note your application must first be approved by NIIA's Board of Directors. Upon approval you will be invoiced for membership dues. Dues paid to the Nevada Independent Insurance Agents are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense, please confirm with accountant. A Portion of the dues, however, is not deductible as an ordinary and necessary expense to the extent that the NIIA and IIABA engages in lobbying. The non-deductible portion of dues for fiscal year 2024/2025 is 20%.

Corporate Political Contribution: NIIPAC is the Political Action Committee, funded by a voluntary corporate donation that is designed to enhance our association's state government affairs advocacy. Corporations and individuals are allowed under state law to contribute corporate or personal money to the association, separate from dues, which go to pool money from other agencies. This money is then distributed to the various campaign committees in the legislature to help further the association's voice in the halls of the capitol. Donations are not tax deductible. Your contribution will remain anonymous as only the association will be listed as the donor. Please consider making an additional corporate voluntary donation.

Trusted Choice® 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 THE ATTACHED FORM, LICENSEE EXPRESSLY AGREES TO BE BOUND BY ALL TERMS OF THIS AGREEMENT. IF LICENSEE DOES NOT AGREE TO ALL TERMS OF THIS AGREEMENT, THE ATTACHED FORM SHOULD NOT BE SIGNED, AND 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, located online at <https://www.iiaba.net/TrustedChoice/utills&docs/TrustedChoiceLogoGuide.pdf>, 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. In the event of termination of this Agreement, Licensee shall immediately discontinue all uses of the Mark, destroy all Materials in its possession or control bearing the Mark and delete all uses of the Mark in its Materials.

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 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 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 emails 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, email 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

Signature of Agency Principal: _____ Date: _____

Email address: _____



P.O. Box 530425, Henderson, Nevada 89053
775.499.5844 O | 775.295.5010 F | www.niia.org

