



**UTAH ASSOCIATION OF INDEPENDENT INSURANCE AGENTS
2012 MEMBERSHIP REGISTRATION**

Agency _____ Agency Principal _____
 Street Address _____ City/State/Zip _____
 Phone _____ Fax _____ E-mail Address _____
 Web site _____ Languages supported by the agency _____

UAIiA offers E & O coverage through a number of markets.

Current E & O Carrier _____ Expiration Date _____

1. STAFF SIZE: Count all employees including staff in branch offices and subsidiary agencies.

Fee schedule based on total number of employees regardless of job function

| | | | | |
|-------------|------------|-------------|-------------|-------------|
| 1-3 = \$450 | 8 = \$600 | 13 = \$810 | 18 = \$1060 | 23 = \$1760 |
| 4 = \$480 | 9 = \$630 | 14 = \$860 | 19 = \$1110 | 24 = \$1960 |
| 5 = \$510 | 10 = \$660 | 15 = \$910 | 20 = \$1160 | 25 = 2050 |
| 6 = \$540 | 11 = \$710 | 16 = \$960 | 21 = \$1360 | |
| 7 = \$570 | 12 = \$760 | 17 = \$1010 | 22 = \$1560 | |

Total (1) \$ _____

2. NATIONAL ASSOCIATIONS:

Fee includes affiliation with one National Association. Please check one: IAA PIA
 If you want to be a member of both National Associations, there is an additional fee of \$155 \$ _____

Total (2) \$ _____

3. BRANCH OFFICE(S): Additional charge of \$75 per branch office (on reverse side, list agency name, address and contact name for each branch or subsidiary office)

Total (3) \$ _____

Total (1+2+3) Due by 1/31/2012 \$ _____
 see reverse side for payment options

Trusted Choice Membership - Now Included with UAIiA Membership!

By submitting payment of the above membership dues, you are deemed to have accepted and be bound by the terms of the Trusted Choice® License Agreement and Pledge of Performance available at www.TrustedChoice.com/LicenseAgreement.

[] I choose to not participate in the Trusted Choice® Program. I realize I will not be allowed to use the Trusted Choice® logo or any of the other Trusted Choice® tools and resources, nor will I be located on the Trusted Choice® Find An Agent locator.

Signed: _____

Date _____

PAYMENT METHOD

- Check (made payable to UAIIA)
- Monthly Credit Installments (see attached)
- AMEX MasterCard Visa

Please return this entire invoice and appropriate payment :

UAIIA
4885 South 900 East Ste 302
Salt Lake City, UT 84117

Amount to be charged: \$ _____
 Card #: _____
 Expiration Date: _____
 Signature of cardholder: _____
 Date: _____

P: 801-269-1200
F: 801-269-1265

www.uaiia.org

Note: contributions or gifts to UAIIA are not deductible as charitable contributions for income tax purposes. However, fee payments are deductible as an ordinary and necessary business expense except to the extent that they are used for lobbying in your behalf. The portion of 2012 fees that are not deductible is 22.83% IIAA and 36.3% PIA

List addresses of branch offices and all agency staff members including email address who should receive electronic newsletters. Place a check by the names of the individuals in your agency who are Young Agents (40 years of age or younger of have less than 10 years experience in our industry). If not listed above, please include their names for our Young Agent database.

Branch Office _____ Agency Manager _____
 Street Address _____ City/State/Zip _____
 Phone _____ Fax _____ E-mail Address _____
 Web site _____ Languages supported by the agency _____

Additional staff members at this location who should receive newsletters: _____

Branch Office _____ Agency Manager _____
 Street Address _____ City/State/Zip _____
 Phone _____ Fax _____ E-mail Address _____
 Web site _____ Languages supported by the agency _____

Additional staff members at this location who should receive newsletters: _____

Branch Office _____ Agency Manager _____
 Street Address _____ City/State/Zip _____
 Phone _____ Fax _____ E-mail Address _____
 Web site _____ Languages supported by the agency _____

Additional staff members at this location who should receive newsletters: _____

Attach separate sheet if necessary