



207-623-1875



[www.maineagents.net](http://www.maineagents.net)



Fax: 207-626-0275

## Membership Application

MIAA membership is open to independent, licensed insurance agencies (individuals, partnerships, or corporations) in the property & casualty business at the completion of this application.

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

P O Box: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Date Established: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

(Mail, faxes, and all other member information sent from MIAA will be directed to the person listed above.)

What type of business organization is your agency? (Please check one box)

☐ Corporation   ☐ Partnership   ☐ Sole Proprietorship   ☐ Other

Total Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

E&O Carrier: \_\_\_\_\_ E&O Expiration Date: \_\_\_\_\_

**Please Complete All Pages**

**RETURN APPLICATION WITH PAYMENT TO:**

**17 Carriage Lane, Hallowell, ME 04347**

# Annual Dues Calculations

For the purpose of determining the proper dues owed, “agency employees” indicates owners, solicitors, producers or brokers (whether issued W-2 or 1099 forms), CSR’s, clerk-typists and other office support staff in the main agency and all additional locations. Independent producers must be counted unless they maintain a separate MIAA membership. Two part time count as one full-time employee.

\$ \_\_\_\_\_ Base per agency of \$290.00 for 9 employees or less **OR**  
\$350.00 for 10 or more employees.

+\$ \_\_\_\_\_ Number of full-time employees (those working more  
than (20) hours per week) not to exceed 33 @ \$100.00 each.  
Two part-time equal one full-time.

+\$ \_\_\_\_\_ Number of branch locations (separate locations that share 50%  
ownership with the main agency) @ \$100.00.

= \$ \_\_\_\_\_ Total annual dues (add all the above figures).

<sup>1</sup>MIAA annual membership is valid from September 1st through August 31st of the following year.

<sup>2</sup>The Omnibus Budget Reconciliation Act of 1993 provides that taxpayers will no longer be permitted a tax deduction for expenses incurred in conducting lobbying activities. This means that a portion of your dues to the MIAA will not be deductible as an ordinary and necessary business expense. Notice: Dues to MIAA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible to the extent that MIAA engages in lobbying. Please contact MIAA to find out what percentage is the non-deductible portion of your dues are for this year.

<sup>3</sup>Membership is subject to suspension if dues are not paid in a timely manner.

*I, we, hereby apply for membership in the Maine Insurance Agents Association, Inc., with annual dues in accordance with the schedule above. It is understood that this also includes membership in the Independent Insurance Agents and Brokers of America, Inc. (IIABA), the Professional Insurance Agents (PIA), and subscription services for all organizations listed in association with MIAA.*

*If elected to membership, I, We, will abide by the Constitution and By-Laws of this Association.*

(Signed by Agency Principal)

(Date)

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# Branch Information

Branch Name: \_\_\_\_\_

P O Box: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Branch Main Contact: \_\_\_\_\_

*Please list all Branch location that share 50% ownership with the main location. Use a separate sheet of paper if necessary. Total number of employees for main location should include total number of branch employees.*

# Agency Staff

(please use additional sheet if necessary.)

Name/Designations: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Function: ☐ Principal ☐ Producer ☐ CSR ☐ Other \_\_\_\_\_

Name/Designations: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Function: ☐ Principal ☐ Producer ☐ CSR ☐ Other \_\_\_\_\_

Name/Designations: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Function: ☐ Principal ☐ Producer ☐ CSR ☐ Other \_\_\_\_\_

Name/Designations: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Function: ☐ Principal ☐ Producer ☐ CSR ☐ Other \_\_\_\_\_