

NEVADA

Industry Partners Program & Benefits

VOL. 2024



Application as an Associate/Industry Partner

Partner with the NIIA. With your help, the NIIA remains the largest and most influential independent trade association in the state. Our affiliation provides you with high visibility, strategic publicity, and powerful member awareness of your company's importance to us. We believe your partnership with the NIIA is mutually beneficial and one in which we place a great deal of value and consideration.

Company Name: _____

Telephone: _____ Fax: _____ Website: _____

Physical Address: _____

Mailing Address: _____

Billing Address: _____

	Name	Email
Primary Contact		
Additional Contact		
Billing Contact		
Emerging Leader		

Note: Above will be how the listing will appear in the NIIA Directory.

Fields you work in:

- Property Casualty
 Managing General Agent
 Life/Health
 Premium Financing
 Insurance Education
 Risk Management
 Employee Benefits/PEO
 Agency Management Systems
 Expert Witness
 Other

Primary Services & Specialties: _____

If applicant is a General Agency, does applicant hold a current Nevada License? _____

If applicant is a company employee, list name of employer, business' address, and name of manager?

In making application for associate partnership in the Nevada Independent Insurance Agents. I certify I am either a licensed Nevada General Agent or an employee of a company doing business with Independent Agents in Nevada. I understand I will not hold any office or position on the NIIA Board of Directors and do not hold voting rights. However, I may volunteer to participate on association committees. I may use designated partnership logo as provided by the NIIA for the term as noted. I agree to pay dues as set by the NIIA Board of Directors in order to continue my partnership. I understand, payment of dues is applied for the term January through December each year.

Associate Partnership is open to companies which deal with Independent Insurance Agents. The cost for partnership is \$800 per year. Associate Partnership is included in all metal tier sponsorship levels of the Industry Partner packages.

I would like to be contacted by the committee chair of the following committees. (check all boxes that apply)

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Tradeshow |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> ELC | <input type="checkbox"/> Convention |

By signing this application, I give consent for the Nevada Independent Insurance Agents and its entities to send communications to the contacts herein. I understand this application must first be approved by NIIA's Board of Directors. Upon approval I will be invoiced for partnership dues. Dues to the Nevada Independent Insurance Agents are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense.

By checking the box below, I am committing to the Industry Partner Sponsorship and will process the agreement and payment as noted.

- | | | |
|--|--|--|
| <input type="checkbox"/> Associate \$800 | <input type="checkbox"/> Bronze \$2000 | <input type="checkbox"/> Silver \$3000 |
| <input type="checkbox"/> Gold \$5500 | <input type="checkbox"/> Platinum \$8000 | <input type="checkbox"/> Diamond \$12,500 |
| <input type="checkbox"/> Bill me | <input type="checkbox"/> Check enclosed | <input type="checkbox"/> Invoice with credit card link |

Signature: _____ Date: _____

Title: _____ Company _____



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