

BIG I | ILLINOIS

Membership Application

QUALIFICATIONS FOR MEMBERSHIP

To be eligible to be an Agency Member of Big I Illinois, an insurance agency doing business as an individual, partnership, corporation or other form of business organization shall adhere to the qualifications specified in Article III, Section 2 of the By-Laws:

- Be licensed as required by the State of Illinois to market and sell the insurance and financial services products;
- Maintain such licenses in good standing;
- Engage in any or all types of insurance business with the ability to represent or place insurance with multiple carriers;
- Meet all other membership eligibility requirements of the Association.

By completing this application, you are certifying you have read the Trusted Choice® License Agreement at trustedchoice.independentagent.com/tc-license-agreement and agree to the terms.

DUES SCHEDULE

Dues are based on the property and casualty premium volume of your agency. Following is a schedule of dues which will be payable for the first year of your membership.

The first year's annual dues must accompany this application and may be prorated based on application date.

AGENCY VOLUME	DUES LEVEL
\$0 – \$1,500,000	\$575
\$1,500,001 - \$2,500,000	\$720
\$2,500,001 - \$3,500,000	\$805
\$3,500,001 - \$4,500,000	\$890
\$4,500,001 - \$5,500,000	\$975
\$5,500,001 - \$6,500,000	\$1,265
\$6,500,001 - \$8,500,000	\$1,495
\$8,500,001 - \$10,500,000	\$1,840
\$10,500,001 - \$15,000,000	\$2,300
\$15,000,001 - \$25,000,000	\$2,645
\$25,000,001 - \$35,000,000	\$3,500
\$35,000,001 - \$50,000,000	\$4,200
\$50,000,000 +	\$5,000

Applicant Name (please print): _____ Title: _____

Applicant Signature: _____ Date: _____

Recommended by: _____

I agree that this application for membership is subject to the approval of the Big I Illinois Board of Directors. I certify my premium volume is, and shall continue to be, written with companies adhering to the principles of the American Agency System. I further certify my dues have been accurately computed according to the dues schedule as shown on this application. I hereby certify the information contained in this application is true and correct. I authorize Big I Illinois and/or its agents to verify any of the information contained in this application.

PAYMENT INFORMATION

Mastercard Visa American Express Discover Payment Amount: _____

Card Number: _____ Expiration Date: _____

Authorized Signature: _____

Submit to: Big I Illinois, P.O. Box 3352, Springfield, IL 62708-3352
info@ilbigi.org • www.ilbigi.org

AGENCY INFORMATION

Agency Name: _____ Date Business Established: _____

Physical Address: _____

City: _____ County: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: (____) _____

Agency Email Address: _____ Website: _____

BRANCHES

* To ensure all branch locations receive complete member benefits, complete the information below. Attach additional branches on separate sheet.

Branch Name: _____

Primary Contact: _____ Title: _____ Email: _____

Address: _____

City: _____ County: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: (____) _____

CONTACTS

Main Office Primary Contact: _____ Title: _____

Phone: (____) _____ Cell Phone: (____) _____ Sign up for Text Messages? Yes No

Email: _____

Billing Contact: _____

Phone: (____) _____ Email: _____

ADDITIONAL PERSONNEL (Attach additional personnel on separate sheet)

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

* It is important to list all agency personnel in order to ensure they have full access to member benefits and login info to ilbigi.org.

ADDITIONAL INFORMATION

Do you or any of your employees have a legislative contact? Yes (list below) No

Agency Errors & Omissions Carried By: _____ Ex. Date: _____

Are you affiliated with an aggregator or cluster? Yes (list below) No
