

# Agency Member Application

Additional Information: [www.bigi.org](http://www.bigi.org)

Contact: Molly Young, [young@bigi.org](mailto:young@bigi.org) (317) 228-3029



## Your Agency Information

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

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

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Membership Dues Schedule

First-year membership dues are only \$455, regardless of the number of employees in your agency.

Each year after is based on number of staff. IIAI membership runs from the month joined to the same month the following year.

New members also receive one free registration to the IIAI annual convention during first year of membership.

### NUMBER OF STAFF / ANNUAL AGENCY DUES

2 or less	\$455	7	\$865	16 – 19	\$1,565
3	\$545	8	\$935	20 – 24	\$1,800
4	\$635	9-10	\$1,025	25 – 29	\$2,150
5	\$715	11-12	\$1,250	30 – 39	\$2,800
6	\$795	13-15	\$1,380	40-49	\$3,250
				50+	\$3,600 + \$10 per employee above 50

To determine dues, use the total number of agency staff for all locations. Staff who work 30+ hours per week each count as 1; staff who work 29 or fewer hours per week each count as ½; if final total includes a ½, please round to the next higher whole number.

## Payment

☐ Check enclosed

First Year Agency Member Dues     \$455

Membership dues can also be paid online via [www.bigi.org](http://www.bigi.org)

Dues to Independent Insurance Agents of Indiana (IIAI) and Independent Insurance Agents and Brokers of America (IIABA), are not deductible as charitable contributions, but are deductible as an ordinary and necessary business expense. To the extent that IIAI/IIABA engages in lobbying, the 19% of the dues that relate to lobbying expenses are NOT deductible as an ordinary and necessary business expense. We strive to keep your membership dues as low as possible, but dues may need to be adjusted from time to time. We appreciate your understanding and continued membership as we strive to provide the best support and services for our members.

### Return to IIAI

email: [young@bigi.org](mailto:young@bigi.org)

fax: 317-824-3786

mail: 11611 N. Meridian Street,  
Suite 250, Carmel, IN 46032

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## Your Staff Information (duplicate page as needed)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Designations: \_\_\_\_\_

DOB: \_\_\_\_\_ License # (if licensed): \_\_\_\_\_ Title: \_\_\_\_\_ Location: \_\_\_\_\_

Role: ☐ Owner/Principal ☐ Producer ☐ Customer Service ☐ Other \_\_\_\_\_  
☐ Agency Manager ☐ Account Manager ☐ IT

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Designations: \_\_\_\_\_

DOB: \_\_\_\_\_ License # (if licensed): \_\_\_\_\_ Title: \_\_\_\_\_ Location: \_\_\_\_\_

Role: ☐ Owner/Principal ☐ Producer ☐ Customer Service ☐ Other \_\_\_\_\_  
☐ Agency Manager ☐ Account Manager ☐ IT

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Designations: \_\_\_\_\_

DOB: \_\_\_\_\_ License # (if licensed): \_\_\_\_\_ Title: \_\_\_\_\_ Location: \_\_\_\_\_

Role: ☐ Owner/Principal ☐ Producer ☐ Customer Service ☐ Other \_\_\_\_\_  
☐ Agency Manager ☐ Account Manager ☐ IT

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Designations: \_\_\_\_\_

DOB: \_\_\_\_\_ License # (if licensed): \_\_\_\_\_ Title: \_\_\_\_\_ Location: \_\_\_\_\_

Role: ☐ Owner/Principal ☐ Producer ☐ Customer Service ☐ Other \_\_\_\_\_  
☐ Agency Manager ☐ Account Manager ☐ IT

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Designations: \_\_\_\_\_

DOB: \_\_\_\_\_ License # (if licensed): \_\_\_\_\_ Title: \_\_\_\_\_ Location: \_\_\_\_\_

Role: ☐ Owner/Principal ☐ Producer ☐ Customer Service ☐ Other \_\_\_\_\_  
☐ Agency Manager ☐ Account Manager ☐ IT

## Any Additional Agency Locations / Branches

Location Name: \_\_\_\_\_ Location Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Location Name: \_\_\_\_\_ Location Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_