

Agency Membership Application

Thank you for your interest in becoming a member of Big I Kentucky. To be considered for membership, please complete and return this form to iiak@iiak.org.

Agency InformationTo qualify for membership, an agency must have the ability to represent more than one insurance company.

Ager	ncy Name								
Stree	et Address								
City		Sta	ite	Zip	Zip County				
Mail	ing Address (if different)								
City			State Zip			County	,		
Phone			Fax						
Website			Agency Established Date						
E&O	Carrier		Exp. Date						
Тор	5 Companies Represented								
1.									
2.									
3.									
4.		,							
5.									
Co	ontact Information If your agenc	y has additional p	principals, p	olease list ti	neir name	and email	s on a separate p	oage.	
Main Contact			Title						
Ema	il								
Principal #1			Email						
Principal #2			Email						
Principal #3			Email						
You bene	ranch Information membership benefits include services for all branch cefits to these locations, please list all branch offices. If mation to iiak@iiak.org.							l the	
#1	Branch Name								
NCH #1	Address	·							
BRANCH #2 BRANC	City	County	<u>, </u>		State	Zi	p		
	Contact Name				Contact Title				
	Phone			Email					
	Branch Name								
	Address								
	City	County		State			р		
	Contact Name				Contact Title				
	Phone			Email					



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Employees

As a member of Big I Kentucky, each of your employees now has access to various tools and information to help them become more successful. Please provide a list of your agency employees including first and last name, title, birthday and email address. We will set up each individual with a User ID and password to receive our newsletter and access the Members Only sections of BigIKY.org and IIABA.net. If additional space is needed, please attach a separate sheet of paper or email the information to iiak@iiak.org.

Employee #1	Title
Email	DOB
Employee #2	Title
Email	DOB
Employee #3	Title
Email	DOB
Employee #4	Title
Email	DOB
Employee #5	Title
Email	DOB
Employee #6	Title
Email	DOB
Employee #7	Title
Email	DOB
Employee #8	Title
Email	DOB

Dues Information

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Dues are based on the latest calendar year of an agency's NET (Gross less RETURN) commissions but exclude any contingencies or interest income. Be sure to include revenue from ALL branch locations. Association dues are not deductible as charitable contributions for federal income tax purposes; however, dues payments may be deductible by members as ordinary and necessary business expenses. The information you submit is confidential for Big I KY use only.

Due Clas		Net Commissions	Annual Dues	Dues Class		Net Commissions	Annual Dues
	1	\$1,000 to \$49,999	\$500		7	\$375,000 to \$624,999	\$1550
	2	\$50,000 to \$74,999	\$675		8	\$625,000 to \$874,999	\$1850
	3	\$75,000 to \$99,999	\$825		9	\$875,000 to \$1,999,999	\$2200
	4	\$100,000 to \$149,999	\$1000		10	\$2,000,000 to \$3,999,999	\$2450
	5	\$150,000 to \$249,999	\$1175		11	\$4,000,000 to \$7,999,999	\$2775
	6	\$250,000 to \$374,999	\$1375		12	\$8,000,000+	\$4000

I hereby agree to the terms of membership of the Big I Kentucky and the Independent Insurance and Brokers of America. I hereby certify that the information in this application is true and correct. By submitting payment of membership dues with this application, I agree that I have read and will adhere to to the Trusted Choice License Agreement

Data

Signature	Date
BIG I KENTUCKY	OFFICE USE ONLY
Application Approved Yes No	Date