



Agency Membership Application

Personnel Listing

Please list the names of all active full-time licensed producers (i.e. licensed property/casualty or life/health agents who are compensated by commission and/or salary whose primary responsibilities are producing business for the agency) and Support Staff presently employed in your agency

Main Location			
Address			
City	State	Zip	County
Phone	Fax		
Email	Website		
E&O Carrier	Expiration Date		

Main Contact	Name	Designation	License #
	Phone	Email	
<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> Support Staff	Name	Designation	License #
	Phone	Email	
<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> Support Staff	Name	Designation	License #
	Phone	Email	
<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> Support Staff	Name	Designation	License #
	Phone	Email	

Please list additional Main Location Personnel on a separate sheet and attach. Branch Locations and personnel can be listed on page 3 of form.

Dues Schedule	Cost	#	Total
Base Agency Dues	\$710	1	\$710
Producers(s) (maximum charged for is 30 or \$3900)	\$130		
Agency Support Staff (maximum charged for is 25 or \$1000)	\$40		
Branch(es)	\$245		
Region Dues (8% of Base Agency Dues, Total Producer Dues and Total Agency Support Staff Dues)	8%	1	

Membership term runs Sept 1 to August 31. Dues are pro-rated based upon the date of the application.

Grand Total	
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Make all checks payable to Big I Minnesota. Payments made to Big I MN are not deductible as a charitable contributions for federal income tax purposes. However, they may be deductible under provisions for the Internal Revenue Code as a business expenses.



MINNESOTA

Agency Membership Application (con't)

Important Information: Annual membership dues include national, state and regional dues and participation in Trusted Choice. The fiscal year for Big I Minnesota runs from September 1 – August 31. Membership and participation in Trusted Choice entitles member agencies to use the Independent Agents Association and Trusted Choice symbols, logos, promotional materials and programs. If membership is cancelled, all Independent Agents and Trusted Choice advertising and promotion on business cards, stationery, windows, etc. must be removed.

Important: As an added benefit, your Big I Minnesota membership includes participation in Trusted Choice, the national independent agents' brand. After the processing of your renewal application you will receive welcome correspondence from Trusted Choice about how to take advantage of all its benefits. You may visit the Trusted Choice website at www.TrustedChoice.com for more information about the program. Please be sure to review the Trusted Choice License Agreement, including the Pledge of Performance which appears in the Trusted Choice brochure "Looking for a Way to Grow Your Business".

Membership cannot be accepted without an authorized signature below.

I, the undersigned agency principal hereby certify that the agency information in the dues calculation and member reporting form are correct to the best of my knowledge. I have read the Trusted Choice License Agreement, the Pledge of Performance in the enclosed brochure and agree to the terms. I pledge to abide by the Association's By-laws, the Trusted Choice License Agreement, including the Pledge of Performance and the Insurance Statutes of the State of Minnesota. I also agree to support the efforts of the Association and do my part to uphold and perpetuate the profession of the Independent Insurance Agent. By signing this application and providing my fax number and email address, I give my consent to receive fax and email correspondence/ advertisements from Big I Minnesota, its subsidiaries, the national association and its subsidiaries and Trusted Choice.

Signature of Agency Owner or Principal: _____

Date: _____

Big I Minnesota
601 Carlson Parkway, Suite 450
Minnetonka, MN 55305

P: 763.235.6460

E: yourfriends@bigimn.org

W: bigimn.org



Agency Membership Application (con't) Branch Location

Please make additional copies as needed for each branch and attach.

Branch Location			
Address			
City	State	Zip	County
Phone	Fax		
Email	Website		
E&O Carrier	Expiration Date		

Personnel Listing

Please list the names of all active full-time licensed producers (i.e. licensed property/casualty or life/health agents who are compensated by commission and/or salary whose primary responsibilities are producing business for the agency) and Support Staff presently employed in your agency.

Main Contact	Name	Designation	License #
	Phone	Email	
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