



Please provide the information requested below so a membership dues quote can be prepared for you.
All information provided below will be kept confidential between Big I Connecticut and its affiliates.

membership requirements

Does your entity do business as an individual, partnership, corporation, or other form of business organization holding valid Connecticut resident agents' and/or brokers' licenses?	YES	NO
Does your entity provide insurance and/ or financial products to end users (the consumer)?	YES	NO
Does your entity have the ability to represent multiple carriers?	YES	NO
Does your entity own 25% or more of its expirations and renewals?	YES	NO

Applicant/member must be able to answer Yes to all 4 questions now and going forward to be a member of Big I CT.

agency information

Business Name _____ DBA _____

REQUIRED: Choose your entity type: LLC Individual Corporation Partnership Unincorporated Association

Physical Street Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____ City _____ State _____ Zip _____
(if different from physical address)

Telephone # _____ Fax # _____ Agency Website _____

Agency's E&O Carrier _____ E&O Effective Date _____

If your agency is a member of a cluster, please provide the name _____

Total # of Producers* _____ Total # of Employees _____ % Personal Lines _____ % Commercial Lines _____

*Annual dues are based on number of producers in an agency. A producer is defined as a licensed full-time property/casualty salesperson. This does not include CSRs. "Employees" include all officers, owners, partner's producers, and other licensed or unlicensed employees and independent contractors who further the work of the agency or brokerage firm, whether involved with insurance, employee benefits, or their financial services, or the administrative functions of the agency.

CONTACTS

Primary _____ Title _____ Email _____

Commercial Lines _____ Title _____ Email _____

Personal Lines _____ Title _____ Email _____

E&O _____ Title _____ Email _____

Education & Training _____ Title _____ Email _____

Employee Benefits/HR _____ Title _____ Email _____

PLEASE COMPLETE INFORMATION FOR ANY ADDITIONAL LOCATIONS ON PAGE 2

Signature _____ Title _____ Date _____

Please return this completed & signed application to Big I CT for approval and calculation of membership dues.

FAX: 888-432-0510

Big I Connecticut | 5784 Widewaters Parkway, 1st Floor, Dewitt, NY 13214 | p: 860-563-1950 | BigICT.org

additional locations

1 Business Name _____ DBA _____
Physical Street Address _____
City _____ State _____ Zip _____ County _____
Mailing Address _____ City _____ State _____ Zip _____
(if different from physical address)
Telephone # _____ Fax # _____
Primary Contact _____ Title _____ Email _____

2 Business Name _____ DBA _____
Physical Street Address _____
City _____ State _____ Zip _____ County _____
Mailing Address _____ City _____ State _____ Zip _____
(if different from physical address)
Telephone # _____ Fax # _____
Primary Contact _____ Title _____ Email _____

**PLEASE COMPLETE INFORMATION FOR ANY ADDITIONAL LOCATIONS
ON A SEPARATE SHEET OF PAPER.**

dues schedule

Dues Year is September 1st to August 31st

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1 Producer Agency - \$715.00	6 Producer Agency - \$3,930.00
2 Producer Agency - \$1,370.00	7 Producer Agency - \$4,555.00
3 Producer Agency - \$2,035.00	8 Producer Agency - \$5,205.00
4 Producer Agency - \$2,715.00	9 Producer Agency - \$5,825.00
5 Producer Agency - \$3,395.00	10+ Producer Agency - \$6,435.00

I hereby make application for membership in the Big I Connecticut. By submitting payment of membership dues and signing this application, I will abide by its Constitution and ByLaws, and support its objectives and have accepted the terms of the "Trusted Choice® License Agreement."

You may choose to not participate in the Trusted Choice® Program and not be bound by the terms by opting out: Opt Out. No license is then granted to use the trademark or participate in the Trusted Choice® Program.

Signature: _____ Date: _____

Please Print Name of Person Signing: _____

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