

MEMBERSHIP APPLICATION FORM

Agency Name _____ PO Box _____

Street Address _____ City _____ Zip _____

Phone Number (____) _____ Fax Number (____) _____

E-mail Address _____ Website Address _____

Number of Agency Principals _____ Number of Producers _____

Total Number of Full Time Employees _____ Number Licensed Agents _____

Name of Agency Principals & License Number

Name of Producers & License Number

Names of **ALL** Companies the Agency Represents:

The following dues schedule is one adopted by the Big I Board of Directors and the Association Membership. Dues are based on the agencies latest calendar year's insurance commissions (including property/casualty, life, group a/h and crop insurance). **Interest and contingency income are excluded.**

MEMBERSHIP DUES SCHEDULE

Check	Total Agency Ins. Revenue	Dues	Check	Total Agency Ins. Revenue	Dues
_____	0 - \$60,000	\$485.00	_____	\$400,001 - \$500,000	\$1,060.00
_____	\$60,001 - \$70,000	\$535.00	_____	\$500,001 - \$600,000	\$1,135.00
_____	\$70,001 - \$85,000	\$585.00	_____	\$600,001 - \$700,000	\$1,235.00
_____	\$85,001 - \$100,000	\$635.00	_____	\$700,001 - \$850,000	\$1,335.00
_____	\$100,001 - \$125,000	\$685.00	_____	\$850,001 - \$1,000,000	\$1,435.00
_____	\$125,001 - \$150,000	\$735.00	_____	\$1,000,001 - \$1,500,000	\$1,595.00
_____	\$150,001 - \$200,000	\$785.00	_____	\$1,500,001 - \$2,000,000	\$1,745.00
_____	\$200,001 - \$250,000	\$835.00	_____	\$2,000,001 - \$10,000,000	\$2,000.00
_____	\$250,001 - \$300,000	\$885.00	_____	\$10,000,001 - \$25,000,000	\$2,250.00
_____	\$300,001 - \$350,000	\$935.00	_____	\$25,000,001 & Up	\$2,500.00
_____	\$350,001 - \$400,000	\$985.00			

* A quick reference to revenue figures is your most recent E&O application

Branch Office Locations: All members must report their branch office locations. An annual \$100 charge is applied to each. Please include agency name, address and phone number. Our branch locations are:

Name _____ Address _____ City _____ Zip _____ Phone Number _____
 Name _____ Address _____ City _____ Zip _____ Phone Number _____
 Name _____ Address _____ City _____ Zip _____ Phone Number _____
 Name _____ Address _____ City _____ Zip _____ Phone Number _____

Annual dues (insurance revenues) = \$ _____ Total branches x \$100 = _____ Total dues \$ _____

Payment method (check one) _____ Annual _____ Quarterly

I, the undersigned agency principal hereby certify that the agency commissions checked above are correct to the best of my knowledge. Once approved for membership or its continuation, I pledge to abide by the Association Code of Ethics, the Articles of Incorporation and By-laws, and the Insurance Statutes of the State of Iowa. I also agree to support the efforts of the Association, and to do my part to uphold and perpetuate the profession of the Independent Insurance Agent.

Signature (Agency Principal) _____ Date _____

CODE of ETHICS

Independent Insurance Agents and Brokers of America, Inc.

I believe in the value and importance of the insurance business and its future, and that the Independent Insurance Agent plays a critical role in serving consumers throughout the insurance process.

I support the Independent Agency System, which has developed insurance to be a fundamental component in the economic fabric of our nation, and I pledge to support right principles and oppose bad practices in the insurance business.

I respect the importance of the relationship between Independent Insurance Agents and the public, insurance companies, and other Independent Insurance Agents, and believe that the rights of the client are paramount.

To the Public

I believe that serving the public as an Independent Insurance Agent is an honorable occupation, affording me a special opportunity to serve society and offer valuable insurance products and services to the public.

I believe that as an Independent Insurance Agent, I am serving the interests of my clients by responding to their expressed insurance needs.

I will strive to further the public's understanding of insurance, endeavor to promote safety and loss control in my community, and strive to participate in civic and philanthropic activities that contribute to my community.

To the Insurance Companies I Represent

I will respect the authority vested in me by the insurance companies I represent, and work to maintain open lines of communication with them.

To Other Independent Insurance Agents

I will strive to maintain positive relations with other insurance agencies in my community, competing with them on an honorable and fair basis.

I will follow all insurance laws relative to the conduct of my business.

I will work with other Independent Insurance Agents for the betterment of the insurance business, and endeavor to elevate the standards of my occupation by following this Code of Ethics and encouraging other Independent Insurance Agents to do likewise.



Introducing our Refreshed Trusted Choice[®] Pledge of Performance

Our Pledge of Performance promises that we will:

- Understand your needs as a member of your local community
- Use our broad market access to provide you choices that help result in solutions to address your needs
- Communicate quickly and effectively in a way that works for you, whether it's in-person or electronically
- Provide sound guidance as a knowledgeable professional who is passionate about insurance
- Be there to help you adapt your coverage as your family's and business's needs change
- Be a trusted resource who supports and guides you through the claims process