

# BIG | MARYLAND

## Agency Membership Application

### AGENCY INFORMATION

Agency Name:

Primary Contact: Primary Email:

Address:

City/State/Zip:

County: Phone: Fax:

E&O Carrier: E&O Expiration Date:

Total # of employees: FT (30+ hours weekly): PT:

### MEMBERSHIP DUES SCHEDULE

<u>Membership Level</u>	<u>Premium Volume</u>	<u>Total Dues</u>
LEVEL 1	\$0-\$500,000	\$400
LEVEL 2	\$500,001 - \$1,000,000	\$550
LEVEL 3	\$1,000,001 - \$2M	\$750
LEVEL 4	\$2,000,001 - \$3M	\$950
LEVEL 5	\$3,000,001 - \$5M	\$1,200
LEVEL 6	\$5,000,001 - \$7M	\$1,400
LEVEL 7	\$7,000,001 - \$9M	\$1,600
LEVEL 8	\$9,000,001 - \$12M	\$1,800
LEVEL 9	\$12,000,001 - \$15M	\$2,000
LEVEL 10	\$15,000,001 & ABOVE	\$2,200

Big I Maryland membership dues are based on your agency's property & casualty premium volume written in Maryland. The premium volume must include all owned (greater than 50%) subsidiaries and branches.

The Big I Maryland membership dues cycle runs September 1-August 31.

**\*First year agency membership dues: \$400** (regardless of premium volume) Must be a new member.

*\*Each year after is based off premium volume*

Branch Locations: \$100 fee per additional office in Maryland

### PAYMENT

Check enclosed (make check payable to IIAMD)

Pay Online (fees apply) -Payment link sent upon receipt of membership application

#### Return application to Big I Maryland:

Mail - 2408 Peppermill Dr., Ste A  
Glen Burnie, MD. 21061  
Email - membership@bigimd.com  
Fax - 410-766-0993

Non-Deductible Portion of Dues: Dues to Big I Maryland are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that Big I Maryland engages in lobbying. The estimated non-deductible portion for 2022-2023 is 29.35%.

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Page 2

### STAFF INFORMATION (duplicate page as needed)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Designations: \_\_\_\_\_

Role: Owner/Principal Agency Manager Account Manager Producer CSR  
Other

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Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Designations: \_\_\_\_\_

Role: Owner/Principal Agency Manager Account Manager Producer CSR  
Other

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DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Designations: \_\_\_\_\_

Role: Owner/Principal Agency Manager Account Manager Producer CSR  
Other

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### ADDITIONAL LOCATIONS/BRANCH OFFICES:

Location Name: \_\_\_\_\_ Address: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Location Name: \_\_\_\_\_ Address: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_