

Membership APPLICATION



PROFESSIONAL INSURANCE AGENTS
SOUTHERN ALLIANCE
You're Independent But Never Alone™

Agency Eligibility

1. Agency must be licensed in respective state.
2. Agency must have at least one licensed P&C agent.
3. Ownership of expirations must be vested in the agency.
4. The agency must represent at least one property/casualty carrier that operates on the independent agency system.

AGENCY INFORMATION

Agency Name

Street Address

P.O. Box

City

State

Zip Code

Phone Number

Fax

Website Address

Other Association Affiliations: _____

Top 3 P&C Companies: (1) _____ (2) _____ (3) _____
(list in order)

What is the primary concern of your agency today?

E & O Carrier: _____ Expiration Date: _____

COMPLETE FOR MULTIPLE LOCATIONS

Location #2:

Location #3:

Agency Name

Agency Name

Street Address / P.O. Box

Street Address / P.O. Box

City, State, Zip

City, State, Zip

Phone / Fax

Phone / Fax

PRIMARY CONTACT & STAFF INFORMATION

The primary contact will receive all mailings from PIA Southern Alliance and PIA National. The primary contact will also have voting privileges at both the PIA Southern Alliance and PIA National.

Name, Designations	Email	Employment Status
		<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff
		<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff
		<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff
		<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff

Please attach a list of all other agency staff. All agency personnel are considered members of the PIA Southern Alliance when attending a function where there is a member/non-member fee.

MEMBERSHIP DUES CALCULATION

Licensed Staff	Annual Dues
1 - 2	\$400.00
3 - 6	\$475.00
7 - 10	\$700.00
11 - 16	\$1000.00
17 - 24	\$1250.00
25 - 49	\$2000.00
50+	\$2500.00

Part-time employees count as one half. If count ends in half, drop the half.

Total Agency Size: _____

Total Amount Enclosed: _____

AMEX
 Discover
 Mastercard
 Visa

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV2#: _____

Billing Address (or same as above): _____

I certify that the information on this application is true and correct and I allow PIA to communicate with the agency or individuals listed here via U.S. mail, phone, fax, or electronic mail.

Signed: _____

Date: _____

PLEASE MAIL OR FAX COMPLETED FORM TO:

3805 Crestwood Pkwy NW, Ste. 140; Duluth, GA 30096

Phone: 770.921.7585 | Toll-Free: 800.233.4902 | Fax: 770-921-7590