



PROFESSIONAL INSURANCE AGENTS  
**SOUTHERN ALLIANCE**  
*Serving Agents in Georgia, Alabama and Mississippi*

## MEMBERSHIP APPLICATION

### Agency Eligibility

1. Agency must be licensed P&C Agency
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 - 3	\$450.00
4 - 7	\$525.00
8 - 11	\$725.00
12 - 15	\$1000.00
16 - 20	\$1250.00
21 - 29	\$1500.00
30 - 49	\$2000.00
50 - 74	\$2250.00
74+	\$2500.00

Total Agency Size: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

\_\_\_ AMEX \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2#: \_\_\_\_\_

Billing Address (\_\_\_ same as office address):  
 \_\_\_\_\_

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