



NEW YORK

Advisory council statement-of-interest form

Thank you for your interest in PIA's advisory council program.

Please complete the information and return to Diane Fowler via *fax at: (888) 225-6935*.

First name

Last name

Agency name

Agency address

City State ZIP code

Phone Fax

E-mail address

What is your position in the agency?

owner/principal producer other _____

Number of employees in agency (including yourself):

1-5 employees 6-10 employees 11-15 employees 16-20 employees 21+ employees

How many years have you been in the insurance industry?

1-5 years 6-10 years 11-19 years 20+ years

Which location would you prefer (please select a location in your home state):

Albany Buffalo Kingston Southern tier New York City Long Island Syracuse
 Westchester/Rockland

Upon receipt of this form, we will contact you regarding your appointment and with further details.