

Total dues amount: \_\_\_\_\_

### Credit Card Installment Agreement

- I am opting for my annual PIA membership dues to be paid in three equal credit card installments. I understand that the first installment will be charged upon receipt. The second installment will be charged on the first business day of the fourth month; the final installment will be charged on the first business day of the eighth month.\*
- Installment auto renew**—Continue installment plan for next year’s renewal using this credit card. This membership billing method will continue on an annual basis. I will confirm my dues level prior to my membership renewal date so that the dues payment plan can be perpetual.

*\*Plus a \$10 installment fee per payment.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Return entire form with credit card information.*



P.O. Box 997 • Glenmont, NY 12077-0997  
memberservices@pia.org | www.pia.org | P (800) 424-4244 | F (888) 225-6935

# Empower Your Independent Agency

PIA of New York



Industry leading,  
member focused



# PIA Membership

## Value for Your Entire Agency

### Factual, relevant information

The Industry Resource Center is here for all members—a phone call, email, or web chat with PIA bypasses hours of research and questionable web searching.

### An amplified voice

Members' interests are represented loud and clear at the state capital, in Washington, D.C., and with regulators. Because of our strong community, individual agents have a powerful voice.

### Hone your competitive edge

Quality matters when it comes to education. That's why we provide members with nationally recognized designations, webinars, education services, and more.

### Business growth and protection

We deliver solid marketing materials, HR tools, market access, referral programs, consumer-facing products, and exclusive insurance coverages, including E&O, umbrella, cyberliability, life, health, and LTD. We are proud to be exclusive partners with Utica National's E&O program.

## New York Membership Application



Fill in completely (please print)

Member no. \_\_\_\_\_

Firm name \_\_\_\_\_ Principal \_\_\_\_\_

Street address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Weekly Dispatch is delivered via email. List additional staff and email addresses here.

#### Specify principal type of business

- P/C agent (with multiple company contracts)
- Broker

If you checked P/C agent or broker, license no. \_\_\_\_\_

Note: P/C agents and brokers are classified as active members.

#### Agency/brokerage information

- a. Company appointments \_\_\_\_\_
- b. Number of principals \_\_\_\_\_  
Number of producers \_\_\_\_\_  
Number of total other employees \_\_\_\_\_
- c. To what other associations do you belong?  
\_\_\_\_\_
- d. E&O carrier \_\_\_\_\_ Exp. date \_\_\_\_\_
- e. Group carrier \_\_\_\_\_
- f. On what service(s) would you like more info?  
\_\_\_\_\_
- g. Split of business: PL \_\_\_\_ CL \_\_\_\_ L&H/other \_\_\_\_ =100%
- h. Other spoken languages \_\_\_\_\_
- i. Number of customers served \_\_\_\_\_
- j. Sponsor \_\_\_\_\_

#### Annual dues

Premium volume	Dues amount
<input type="checkbox"/> 1,000,000 and under	\$820
<input type="checkbox"/> 1,000,001 to 2,000,000	\$1,005
<input type="checkbox"/> 2,000,001 to 3,000,000	\$1,280
<input type="checkbox"/> 3,000,001 to 4,000,000	\$1,450
<input type="checkbox"/> 4,000,001 to 5,000,000	\$1,580
<input type="checkbox"/> 5,000,001 to 7,500,000	\$1,700
<input type="checkbox"/> 7,500,001 to 10,000,000	\$1,825
<input type="checkbox"/> 10,000,001 to 15,000,000	\$1,985
<input type="checkbox"/> 15,000,001 to 20,000,000	\$2,130
<input type="checkbox"/> 20,000,001 to 50,000,000	\$3,100
<input type="checkbox"/> 50,000,001 and up	\$5,150

**Affiliated agency** .....\$745  
(Cluster—with a member at \$1,280 or higher with separate payroll and tax ID from member agency)

#### Associate membership (check category below)

- Life agent** .....\$530  **Other** .....\$580
- Additional memberships**  
(Main membership must be maintained).....\$285

Name \_\_\_\_\_  
License no. \_\_\_\_\_

#### Payment method | Total \$ \_\_\_\_\_

- Credit card—Pay in full
- Auto-renewal opt-in—Keep my card on file
- Installment payments—See back page
- Check enclosed, payable to PIA

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Account number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVC \_\_\_\_\_

Cardholder name \_\_\_\_\_

Signature \_\_\_\_\_