

Connecticut Membership Application



Professional
Insurance Agents

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 _____

Premium volume

Annual dues

Standard membership (agency/brokerage)

☐ 1,000,000 and under \$745

☐ 1,000,001 to 2,000,000 \$965

☐ 2,000,001 to 3,000,000 \$1,170

☐ 3,000,001 to 4,000,000 \$1,290

☐ 4,000,001 to 5,000,000 \$1,375

☐ 5,000,001 to 7,500,000 \$1,445

☐ 7,500,001 to 10,000,000 \$1835

☐ 10,000,001 and up \$1,970

☐ Affiliated agency \$580

(Cluster—separate payroll and tax id from member agency)

☐ Associate membership (check category below)

☐ Life Agent \$500 ☐ E&S broker \$710

Individual employee* \$190

Name _____

License no. _____

(*Must be same business as main member using same Tax ID 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

P.O. Box 997

Glenmont, NY 12077-0997

memberservices@pia.org • www.pia.org

P (800) 424-4244 • F (888) 225-6935



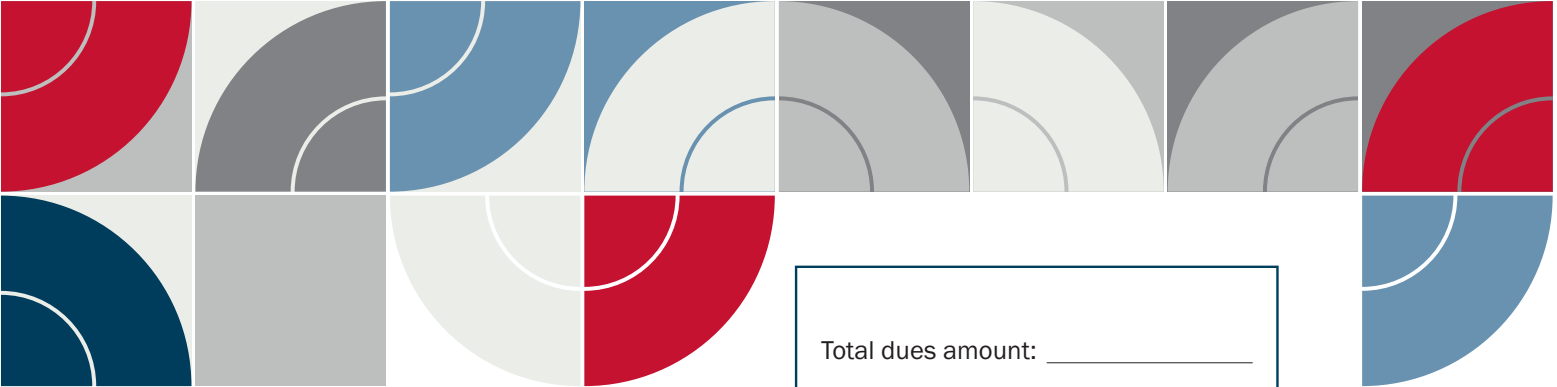
Account number _____

Expiration date _____

CVC _____

Cardholder name _____

Signature _____



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.

Signature _____

Date _____

Return entire form with credit card information.



**Professional
Insurance Agents**

P.O. Box 997 • Glenmont, NY 12077-0997

memberservices@pia.org | www.pia.org | P (800) 424-4244 | F (888) 225-6935



Industry leading,
member focused