

# New Hampshire Membership Application



Fill in completely (please print)

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

Firm name	Email	Principal
Street address	P.O. Box	
City	County	State ZIP
Phone	Fax	*Additional employee email (Include an additional sheet if necessary.)

## Specify principal type of business

- P/C agent (with multiple company contracts)
- Broker
- Life agent (life business only)
- Excess & surplus lines broker
- Other (specify) \_\_\_\_\_  
If you checked P/C agent or broker, license no. \_\_\_\_\_

*Note: P/C agents and brokers are classified as active members. Other member types are classified as associate members. Associate members are state-only members, but are entitled to all membership benefits, excluding voting privileges.*

## 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

Employee count	Dues amount
<b>Standard membership (agency/brokerage)</b>	
<input type="checkbox"/> 1-5 employees.....	\$545
<input type="checkbox"/> 6-12 employees.....	\$765
<input type="checkbox"/> 13-18 employees.....	\$1,040
<input type="checkbox"/> 19+ employees .....	\$1,535
<i>Employees include all agency staff at all locations, including owners, producers, CSRs and clerical staff. Part-time employees working less than 30 hours per week, should be counted as half an employee.</i>	
<input type="checkbox"/> <b>Affiliated agency</b>	
<i>(Cluster—separate payroll and tax id from member agency).....</i>	
	<b>\$115</b>

## Additional memberships

- Individual employee/branch**..... \$55  
*(Must be same business as main member using same Tax ID no.)*
- Name \_\_\_\_\_
- License no. \_\_\_\_\_


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

- Check enclosed, payable to PIA
- Credit card—Pay in full
- Keep my card on file for auto-renewal enrollment

**25 Chamberlain St. • PO Box 997  
Glenmont, NY 12077-0997  
memberservices@pia.org • pia.org  
P (800) 424-4244 • F (888) 225-6935**



Account number	
Expiration date	SVC
Cardholder name	
Signature	



PIA is actively advancing  
the needs of independent  
insurance professionals.

Grow with us!  
Join today.