

Vermont 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
Standard membership (agency/brokerage)	
<input type="checkbox"/> 1-5 employees.....	\$515
<input type="checkbox"/> 6-12 employees.....	\$720
<input type="checkbox"/> 13-18 employees.....	\$980
<input type="checkbox"/> 19+ employees.....	\$1,445

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.

Affiliated agency

(cluster—separate pay roll and tax id from PIAVT member agency)

<input type="checkbox"/> 1-5 employees.....	\$260
<input type="checkbox"/> 6-12 employees.....	\$360
<input type="checkbox"/> 13-18 employees.....	\$490
<input type="checkbox"/> 19+ employees.....	\$725

Additional memberships

<input type="checkbox"/> Individual employee/branch.....	\$150
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(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.