



# PIA VA/DC AGENCY MEMBERSHIP APPLICATION

## PRIMARY CONTACT INFORMATION

Mr.    Mrs.    Ms.   Full Name: \_\_\_\_\_  
 Informal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Designations: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_ NPN: \_\_\_\_\_

## ADDITIONAL LICENSED AGENTS

Mr.    Mrs.    Ms.   Full Name: \_\_\_\_\_  
 Informal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Designations: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Street Address:  Same as Primary \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_ NPN: \_\_\_\_\_

Mr.    Mrs.    Ms.   Full Name: \_\_\_\_\_  
 Informal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Designations: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Street Address:  Same as Primary \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_ NPN: \_\_\_\_\_

Mr.    Mrs.    Ms.   Full Name: \_\_\_\_\_  
 Informal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Designations: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Street Address:  Same as Primary \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_ NPN: \_\_\_\_\_

◆ PHOTOCOPY FOR ADDITIONAL LICENSED AGENTS OR ATTACH SPREADSHEET WITH SAME DATA ◆

## OTHER INFORMATION

Agency/Company Website: \_\_\_\_\_ Year Agency Started: \_\_\_\_\_  
 Current E&O Carrier: \_\_\_\_\_ Ex Date: \_\_\_\_\_

Calculate Membership Amount Due

Total # Licensed Agents	Annual Dues \$	Total # Licensed Agents	Annual Dues \$
1	\$450	13 to 15	\$1,010
2	\$520	16 to 18	\$1,080
3	\$590	19 to 21	\$1,150
4	\$660	22 to 24	\$1,220
5	\$730	25 to 27	\$1,290
6	\$800	28 to 30	\$1,360
7 to 9	\$870	31 +	\$1,550
10 to 12	\$940		

Total # Licensed Agents: \_\_\_\_\_ Total Annual Dues \$: \_\_\_\_\_

**PAYMENT INFORMATION**

Check Enclosed    Invoice Me    Credit Card

Credit Card #: \_\_\_\_\_ Ex Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Full Billing Address with City/State/Zip: \_\_\_\_\_

I certify that the information on this application is true and correct and I allow PIA to communicate with the agency or individuals listed here (and on attached if applicable) via US mail, fax or email.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Return to: PIA VA/DC, 8751 Park Central Drive, Suite 140, Richmond, VA 23227

Email: [carol@piavadc.com](mailto:carol@piavadc.com)

Fax: (804) 266-1075 Tel. (804) 264-2582 Referred By: \_\_\_\_\_