



# 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 \$:** \_\_\_\_\_

<b>PAYMENT INFORMATION</b>
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Email form to [carol@piavadc.com](mailto:carol@piavadc.com) or fax to (804) 266-1075.

An invoice will be emailed to you that will include a link to securely pay online by credit/debit card or eCheck. You also have the option to mail a check.

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*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: \_\_\_\_\_

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**Return to:** PIA VA/DC, 1059 Technology Park Drive, Glen Allen, VA 23059

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

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

11/1/2020