

# Professional Insurance Agents of Georgia, Inc.

3805 Crestwood Pkwy., Ste. 140; Duluth, GA 30096  
(p)770.921.7585 (f) 770-921-7590  
www.piaga.com

## MEMBERSHIP APPLICATION

### AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Website Address: \_\_\_\_\_

Other associations affiliated with: \_\_\_\_\_

Top 3 P&C Companies (list in order) (1): \_\_\_\_\_ (2): \_\_\_\_\_ (3): \_\_\_\_\_

What is the primary concern of your agency today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E&O Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Annual P&C Premium Volume: \_\_\_\_\_ Name of Agency Management System: \_\_\_\_\_

### COMPLETE FOR MULTIPLE LOCATIONS

#### Location #2

Agency Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Location #3

Agency Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



**PRIMARY CONTACT AND STAFF INFORMATION**

The primary contact will receive a copy of the Georgia Professional Agent magazine and all mailings from PIA State and National. The primary contact will have voting privileges at both the PIA State and National.

Name, Designations	Email	Employment Status
		<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff
		<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff
		<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff
		<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff

Please attach a list of all other agency /staff. All agency personnel are considered members of the PIA of Georgia when attending a function where there is a member/non-member fee.

**CALCULATE MEMBERSHIP AMOUNT DUE**

Part-time employees count as one-half. If count ends in half, drop half.

# Total Agency Size: \_\_\_\_\_

LICENSED STAFF	MEMBERSHIP DUES	
	IF Paid ANNUALLY	or Paid by MONTH
1-2	\$400.00	\$35.00
3-6	\$475.00	\$40.00
7-10	\$700.00	\$60.00
11-16	\$1,000.00	\$85.00
17-24	\$1,250.00	\$105.00
25-49	\$2,000.00	\$170.00
50+	\$2,500.00	\$215.00

**MONTHLY BILLING BY CREDIT CARD ONLY!**

Total Amount Enclosed: \_\_\_\_\_

AMX: \_\_\_\_ DISCOVER: \_\_\_\_ MC: \_\_\_\_ VISA: \_\_\_\_

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

Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Billing address if different from above:  
 \_\_\_\_\_  
 \_\_\_\_\_

*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 via U.S. mail, phone, fax, or electronic mail.*

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

Date: \_\_\_\_\_

--