



Local Agents Serving Main Street America<sup>SM</sup>

# Professional Insurance Agents for Nebraska Iowa

920 S. 107 Avenue, Suite 305 - Omaha, NE 68114  
(402) 392-1611 - FAX (402) 392-2228

[www.pianeia.com](http://www.pianeia.com)

## MEMBERSHIP APPLICATION

### L1 - Location #1 (if Multiple locations)

(Please Print Clearly)

Agency Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Website Address \_\_\_\_\_

### Complete for Multiple Locations

#### L2 - Location #2

Agency Name \_\_\_\_\_  
 Str. Address/PO Box \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Website Address \_\_\_\_\_

#### L3 - Location #3

Agency Name \_\_\_\_\_  
 Str. Address/PO Box \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Website Address \_\_\_\_\_

### Primary Contact Information

The Primary Contact will receive a copy of "The Professional Insurance Agent NE IA" magazine and all mailings from PIA State and National. The Primary Contract will have voting privileges at both PIA State and National.

Name & Designations	DOB	Gender	Employment Status	Part-Time	Magazine	Natl Voting Privilege
_____		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Licensed Owner <input type="checkbox"/> Licensed Producer	<input type="checkbox"/>	INCL	INCL

### Please Attach a List of All Other Agency Owners/Licensed Producers/CSRs/ Employees

All agency personnel are considered members of the PIA of Nebraska when attending a function where there is a member/non-member fee. Please include email to receive our weekly edition of Newline for up to date insurance news and educational opportunities.

Name & Designations	Email	DOB	Gender	*Location	Employment Status	Part-Time	Magazine
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff	<input type="checkbox"/>	<input type="checkbox"/>

**Photocopy for additional personnel or locations**

# Agency Information

Agency Type:       Sole Owner       Partnership       Corporation       LLC

Other Associations affiliated with \_\_\_\_\_

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

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

E&O Carrier \_\_\_\_\_ Exp. Date \_\_\_\_\_

Annual P&C Premium Volume \_\_\_\_\_

Payments to PIA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under the provisions of the Internal Revenue Code as a business expense, if so \$55.59 will go towards national lobbying expenses and 32.5% of the remaining membership dues will go towards local lobbying expense and therefore is not deductible.

## Calculate Membership Amount Due

*PIA for NE IA membership is based on the number of licensed personnel employed by the agency. Unlicensed agency members are included at no cost and are entitled to all member discounts. Branch offices operating under the same ownership of the central office are to be reported as a single agency, and are to be included in the total employee count summary. \$30.00 of your dues is designated for a one-year subscription to The Professional Insurance Agents of NE IA and, unless you advise to the contrary, a \$20.00 PIAPAC contribution is built into your dues.*

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

# Licensed Full-Time Personnel \_\_\_\_\_ + # Licensed Part-Time Personnel \_\_\_\_\_ = Total Agency Size \_\_\_\_\_

### DUES SCHEDULE

Total Agency Size	\$ Amount	Total Agency Size	\$ Amount
1	435	16	1315
2	545	17	1345
3	630	18	1385
4	710	19	1420
5	765	20	1455
6	830	21	1495
7	885	22	1530
8	950	23	1565
9	1010	24	1595
10	1070	25	1640
11	1125	26	1680
12	1165	27	1695
13	1205	28	1750
14	1235	29	1785
15	1275	30 & over	1820

Total Amount Enclosed \$ \_\_\_\_\_

Check Enclosed \_\_\_ or / MC \_\_\_ VISA \_\_\_

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

Expiration Date \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

*I certify that the information on this application is true and correct.*

Signed \_\_\_\_\_

Dated \_\_\_\_\_

PIA USE ONLY:      DATE REC'D \_\_\_\_\_

AMT \_\_\_\_\_      CHK# \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ TO NAT'L

*If you wish to make an additional contribution to PIAPAC, please add the contribution to the amount of your dues or include a separate check.*