



# Membership Application

1390 Timberlane Road • Tallahassee, Florida 32312 • 850/893-8245 • membership@piafl.org • www.piafl.org

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

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Agency Owner's Name: \_\_\_\_\_

Designations: \_\_\_\_\_

Title: \_\_\_\_\_ Birth Month: \_\_\_\_\_

Florida Insurance License #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

### PRIMARY CONTACT INFORMATION (if different from above)

Contact's Name: \_\_\_\_\_

Designations: \_\_\_\_\_

Title: \_\_\_\_\_ Birth Month: \_\_\_\_\_

Florida Insurance License #: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

### AGENCY INFORMATION

Who is your E&O Carrier? \_\_\_\_\_ Exp. Date \_\_\_\_\_ Annual Premium \_\_\_\_\_

# of Licensed Agents \_\_\_\_\_ Branch Locations? YES/NO If yes, # of Branch Locations \_\_\_\_\_

### METHOD OF PAYMENT

**Membership Cost - \$450**

Check (payable to "PIA of Florida")  Visa  MasterCard  AmEx

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

## CHOOSE TO BELONG!

