Professional Insurance Agents of Nebraska & Iowa

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NEBRASKA MEMBERSHIP APPLICATION

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 Contact will have voting privileges at both PIA State and National.

First & Last Name:_____ Position Title:_____

Designations: _____ DOB: _____ License #:_____

Email: _____ Agency Name (Include DBA):_____

Street address Po Box:_____ City: _____ State: _____

Zip Code: _____ Agency Website: _____ Agency Phone: _____

Agency Type: Sole Owner: ☐ Partnership: ☐ Corporation: ☐ LLC: ☐

Agency Locations

Please include DBA's if operating under a different name than Agency name above

Location 1: Street Address Po Box: _____ City: _____

State: _____ Zip Code:_____ Agency Phone:_____ Primary Location:☐

Primary Contact for Location: _____ DBA Name: _____

Location 2: Street Address Po Box: _____ City: _____

State: _____ Zip Code: _____ Agency Phone:_____ Primary Location:☐

Primary Contact for Location: _____ DBA Name: _____

Location 3: Street Address Po Box: _____ City: _____

State: _____ Zip Code: _____ Agency Phone:_____ Primary Location:☐

Primary Contact for Location: _____ DBA Name: _____

Location 4: Street Address Po Box: _____ City: _____

State: _____ Zip Code: _____ Agency Phone:_____ Primary Location:☐

Primary Contact for Location: _____ DBA Name: _____

Location 5: Street Address Po Box: _____ City: _____

State: _____ Zip Code: _____ Agency Phone:_____ Primary Location:☐

Primary Contact for Location: _____ DBA Name: _____

Agency Staff

Including Owner's, CSRs, & All other non-licensed Staff

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 Newsline for up-to-date insurance news and educational opportunities.

Name & Designation	Email	DOB	Licensed	Part-Time	Location	Digital Magazine	Monthly Mailing
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		
			Y N		1. 2. 5. 3. 4.		

Agency Information

What is the primary concern in your Agency Today? What are you hoping to gain out your PIA Membership?

_____

_____

_____

E&O Carrier: _____ Exp. Date:_____

Annual P&C Premium Volume: _____

Please list your Top 3 Carriers that you write with:

1._____ 2. _____ 3. _____

Other Associations your Agency is affiliated with: _____

Membership & Fee Calculations

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 $75.48 will go towards national lobbying expenses and 30.5% of the remaining membership dues will go towards local lobbying expense and therefore is not deductible. ***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. ranch 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.

# of Licensed Full-Time Personnel_____ + #Licensed Part-Time Personnel_____ = Total Agency Size_____

(Part-Time personnel only count as ½)

Dues Schedule

Agency Size	Fees	Agency Size	Fee
1	$478	16	$1523
2	$599	17	$1578
3	$693	18	$1622
4	$781	19	$1666
5	$852	20	$1710
6	$918	21	$1754
7	$984	22	$1798
8	$1050	23	$1842
9	$1116	24	$1886
10	$1182	25	$1930
11	$1248	26	$1974
12	$1303	27	$2018
13	$1358	28	$2062
14	$1413	29	$2106
15	$1468	30 or more	$2150

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.

Total Amount Enclosed: _____

Form of Payment:

Check: _____ ***(If using a check, please attach to your application)***

Credit Debit Card #: _____

Exp: _____ CVC:_____

Name as it appears on the Card: _____

Payment Options: Annual: ☐ Semi-Annual: ☐ Quarterly: ☐ Monthly: ☐

I certify that the information on this application is true and correct to the best of my abilities:

Signature: _____ Date: _____

Thank you for becoming a member with PIA, we are excited to work with you and your agency. Make sure to ask about our new member packet!

PIA Use Only: Date Received: _____

Amount: _____ Check #: _____

Approved: _____ To National: _____