

MEMBERSHIP APPLICATION
Professional Insurance Agents of Hawaii
146 Hekili Street, Suite 201, Kailua, HI 96734
(808) 261-9460
Fax (808) 262-5355
Email piahi@hawaiiintel.net

TO THE BOARD OF DIRECTORS: I hereby make application for membership in the PROFESSIONAL INSURANCE AGENTS OF HAWAII, INC. and automatic affiliation with the NATIONAL ASSOCIATION OF PROFESSIONAL INSURANCE AGENTS.

AGENCY OR FIRM NAME _____ Year established _____

Name of Applicant _____ Title _____

Street & mailing address _____

Telephone number _____ Fax number _____ email _____

ACTIVE MEMBER AGENCIES

Staff Size ___ Full time ___ part time
 Annual premium volume \$ _____
 Commercial _____ %
 Personal _____ %
 Own your own expirations ----yes---no
 Companies with whom you have contacts:

ASSOCIATE/AUXILIARY MEMBERS

Type of firm:
 _____ Insurance Co. – P&C
 _____ Insurance Co. – Life
 _____ Insurance Adjuster
 _____ Other

 _____ Home Office
 _____ Regional/Branch Office

MEMBERS CLASSIFICATION & DUES

_____ **ACTIVE MEMBER – MM1.** Owner(s) , partner(s), officer(s), proprietor engaged in the insurance agency business, representing or licensed by one or more insurance company(ies) where ownership of expirations is vested in the agent or agency. INCLUDES membership in PIA NATIONAL.

PROVIDES ONE MM1 MEMBERSHIP
PLUS FOLLOWING NUMBER OF

<u>AGENCY PREMIUM VOLUME</u>	<u>DUES</u>	<u>MEMBERSHIPS</u>
Under 1 million to 2 million	\$ 250.00	0
1 million to 2 million	\$ 350.00	1
2 million to 3 million	\$ 450.00	2
3 million to 4 million	\$ 550.00	3
4 million to 5 million	\$ 650.00	4
5 million to 6 million	\$ 800.00	5
6 million to 8 million	\$1,000.00	6
8 million to 10 million	\$1,200.00	7
10 million and Over	\$1,500.00	9

_____ **ACTIVE MEMBER – MM2 - \$60 Per person.** Each additional agent or producer in the agency. Members available at a reduced rate, once there is one or more MM1 membership in the agency. INCLUCES membership in PIA NATIONAL

_____ **ASSOCIATE MEMBER – MM3 - \$300.00.** Employees of insurance companies, insurance adjusters, brokers and individuals engaged in the insurance busienss and related fields. INCLUDES membership in PIA NATIONAL.

_____ **AUXILIARY MEMBER – MM4 - \$75.00.** Employees of agencies who are non-producers. Individuals doing business with insurance professionals but who are not directly related to the insurance industry. INCLUDES members in PIA NATIONAL.

DUES PAYMENT ENCLOSED

MM1 dues \$ _____
 MM2 dues \$ _____
 MM3 dues \$ _____
 MM4 dues \$ _____

Total \$ _____ Check payable to **PIA of Hawaii**

I believe and practice ideals, aims and objectives of the American agency system. I agree to abide by the Constituion, By-Laws and Code of Ethics of the PROFESSIONAL INSURANCE AGENTS OF HAWAII, INC.

SIGNATURE OF APPLICANT

Today's date _____ Firm _____

