

COMPANY PARTNERS APPLICATION



PIWA, the only association representing the Northeast wholesale community, offers the Company Partners program, designed for insurance carriers and vendors looking to support our association and gain important visibility with PIWA members throughout the year.

Fill in completely

Name of applicant firm _____

Street address _____

P.O. Box _____

City _____

County _____

State _____

ZIP code _____

Email address _____

Phone number _____

Fax _____

Person to whom mail should be directed _____

Signature _____

*Application is subject to approval by the PIWA board of directors. Sponsor: _____

Select principal type of business

- INSURANCE COMPANY
- OTHER (Specify type) _____

Select your partnership level

- PLATINUM PARTNER \$5,000
- GOLD PARTNER..... \$3,000
- SILVER PARTNER \$2,000
- BRONZE PARTNER\$1,000

Partnership payment

Amount _____

- Check enclosed, payable to Professional Insurance Agents
- Credit card



Account number _____

Expiration date _____

CVC _____

Cardholder name _____

Signature _____

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