

MEMBERSHIP APPLICATION



Check category of membership you are applying for:

WHOLESALE EXCESS LINE BROKER MEMBER

Any sole proprietorship, corporation or partnership licensed as an excess line broker who is predominantly engaged as a wholesaler.

INDIVIDUAL/SATELLITE MEMBER

Individual employee or satellite location of a wholesale excess line broker member.
(corporate membership must be maintained).

Fill in completely

Answer all questions. The information developed by this questionnaire, required by the association's bylaws, is kept in confidence by the association. Note: This application is subject to the approval of the PIWA board of directors.

Name of applicant firm

If corporation, list in full each of the corporation's directors and officers with titles. If partnership, list all partners.

Street address P.O. Box

City County State ZIP code

Person to whom mail should be directed

Email address

Phone number Fax

Name of excess line broker license holder

Excess line license no. (Please attach a copy of your license.)

Date firm established wholesale business Total volume of all business

a. of which % retail; b. of which % wholesale; c. of which % (describe nature)

List additional associations to which you are a member

Sponsor

Payment

Wholesale excess line broker member annual membership: \$995

Individual/satellite member annual membership: \$240
(Corporate membership must be maintained)

Check enclosed, payable to Professional Insurance Agents

Credit card

**PIWA • PO Box 997
Glenmont, NY 12077-0997
PIWA@piwa.org • www.piwa.org
P (800) 424-4244 • F (888) 225-6935**

   

Account number

Expiration date CVV

Cardholder name

Signature