

**ORGANIZATION**

Organization Name \_\_\_\_\_ Website \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**What type of products does your company offer (check all that apply)?**

- Individual
- Business

**What product lines do you offer (check all that apply)?**

**Life & Health Products**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accidental Death & Dismemberment | <input type="checkbox"/> Disability            | <input type="checkbox"/> Long-Term Care/Home Health Care |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Funeral/Final Expense | <input type="checkbox"/> Medical                         |
| <input type="checkbox"/> Critical Illness                 | <input type="checkbox"/> Hospital Indemnity    | <input type="checkbox"/> Vision                          |
| <input type="checkbox"/> Dental                           | <input type="checkbox"/> Life                  |  |

**Property & Casualty Products**

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Automobile         | <input type="checkbox"/> Homeowners | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Commercial         | <input type="checkbox"/> Marine     |  |
| <input type="checkbox"/> Errors & Omissions | <input type="checkbox"/> Liability  |  |

**Travel, Security & Lifestyle Products**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Caregiving                            | <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Roadside Assistance |
| <input type="checkbox"/> Cyber                                 | <input type="checkbox"/> Legal          | <input type="checkbox"/> Travel              |
| <input type="checkbox"/> Financial Planning/Financial Wellness | <input type="checkbox"/> Pet            |  |

**Investments**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> 529 Plans | <input type="checkbox"/> Mutual Funds          |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Exchange Traded Funds |

**Reinsurance**

## VOTING MEMBER

Please provide the name and title of the one individual who will be the official representative to PIMA, authorized to cast a vote on appropriate matters and serve as the communication link to the organization.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

## Product Provider Associate Membership

In addition to the voting member, nine (9) other key personnel in your company may become non-voting associate members, eligible to participate in association activities at member rates. If not at the same address as the organization, please provide full contact information on additional page. (Please add additional personnel information on additional page if needed.)

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 3. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 4. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 5. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 6. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 7. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 8. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 9. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 10. Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## LEGAL OFFICER

Who in your company has the chief responsibility for legal and regulatory matters?

Name \_\_\_\_\_ Title \_\_\_\_\_

## DUES SCHEDULE

Dues payments may be partially deductible as an ordinary and necessary business expense. Dues are non-refundable. PIMA membership is on a calendar year term.

*The schedule opposite establishes your annual dues based upon your annual direct marketed premium volume, and/or revenue from affinity groups, sponsored programs, and/or voluntary employee programs.*

Premium Volume	Annual Dues
\$0 - 4,999,999 .....	\$5,600
5,000,000 - 9,999,999 .....	\$7,900
10,000,000 + .....	\$9,700

Enter appropriate dues amount from schedule above **TOTAL \$** \_\_\_\_\_

## PAYMENT METHOD

AMEX     VISA     MasterCard     Check payable to PIMA

Card No. \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment must accompany this form.  
 Mail with check payable to:  
**PIMA**  
**35 E. Wacker Drive, Suite 850**  
**Chicago, IL 60601**  
**membership@pimainsights.org**

I understand that this application is subject to review by PIMA's Board of Directors and that PIMA reserves the right to determine acceptability. I certify that the above information is correct.

Our organization agrees to abide by PIMA's Code of Conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_