ORGANIZATION

Organization Name _______________________________________________________________
Website  _______________________________

Description _____________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________

Address ________________________________________________________________________________________________________________
City ___________________________________________  State _______  Zip _______________ Telephone  ___________________________

Professional Insurance Marketing Association
Product Provider Membership Application
pimainsights.org

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**

☐ Accidental Death & Dismemberment
☐ Cancer
☐ Critical Illness
☐ Dental
☐ Disability
☐ Funeral/Final Expense
☐ Hospital Indemnity
☐ Life

**Property & Casualty Products**

☐ Automobile
☐ Commercial
☐ Errors & Omissions
☐ Homeowners
☐ Marine
☐ Liability

**Travel, Security & Lifestyle Products**

☐ Caregiving
☐ Cyber
☐ Financial Planning/Financial Wellness
☐ Identity Theft
☐ Legal
☐ Pet

**Investments**

☐ 529 Plans
☐ Annuities
☐ Mutual Funds
☐ 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.

*Product Provider (Sustaining) Membership
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.

Enter appropriate dues amount from schedule above $ _________

TOTAL AMOUNT DUE $ _________

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 Ethics.

Signature ___________________________ Date ___________________________
Print Name ___________________________ Title ___________________________