

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.

**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.

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 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 _____