

# PIANC Membership Agreement

## **. . . With the Public**

- to provide my clients with a better understanding of insurance.*
- to analyze the needs of my clients, recommending coverage to meet their needs, to the best of my ability.*
- to render service as should be expected from a professional insurance agent.*
- to work with national, state, and local authorities to heighten safety and reduce loss in my community.*
- to take an active part in contributing to the public good of my community.*
- to recognize the insurance business as an honorable profession, affording me opportunities to serve them.*

## **. . . With the Companies**

- to respect authority vested in me on behalf of the companies I work for and with.*
- to never withhold information that may be detrimental to my companies' sound risk taking.*
- to provide them with credible information for effective underwriting.*
- to use care in the selections of risks.*
- to expect fair treatment from the companies I work for and with.*

## **. . . With Other Members**

- to maintain friendly working relations with other agencies.*
- to make no false statements, misrepresentations or omission of facts.*
- to compete with them honorably and fairly.*
- to work with my other professional insurance agents for the betterment of the insurance business.*
- to adhere to strict observance of all insurance laws as they apply to the conduct of my business.*

## **. . . With Myself**

- to realize that only by unselfish service can the insurance industry have the public confidence it merits.*
- to always seek to elevate the standards of my occupation.*
- to inspire others to do likewise.*
- to believe in the insurance business and its future.*

## **. . . With PIANC**

- to do my part to uphold and build the independent agency system.*
- to pledge my support to right principles and oppose bad practices in the business.*
- to recognize the independent agency system...*
  - ...as the instrument through which insurance attains its most effective distribution.*
  - ...as the developer of insurance to its present place in the economic fabric of our nation.*
- to respect the distinct rights in our business...*
  - ...of the Public.*
  - ...of the Insurance Companies.*
  - ...of PIANC.*

# Professional Insurance Agents of North Carolina (PIANC)

1-877-401-6822-Office [www.piaofnc.com](http://www.piaofnc.com) 1-877-499-2849-Fax

## Membership Application

(rev. 7/09)

**Main Member \$425.00** - Owner/Principal, in independent agency or brokerage firm; PIANC continuing education and event discounts apply to all agency personnel. Named person below will be the contact person and voting member of PIANC and National PIA.

Name of Agency Owner/Principal \_\_\_\_\_

Agency name \_\_\_\_\_

Mailing Address: Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: Street \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail of Owner/Principal \_\_\_\_\_

Website \_\_\_\_\_ # of employees at this office \_\_\_\_\_

**Additional Voting Member \$55.00** - Additional Owner, Producer, Insurance Company personnel; includes voting rights. Please provide name, address, email, and phone number of each additional voting member.

**Retiree Member \$35.00** - Please provide name, address, email, and phone number of each retired member.

**Branch member \$90.00 each location** - Subsequent agency locations in North Carolina; PIANC continuing education and event discounts apply to all branch personnel. Branch contact is a voting member of PIANC and receives member benefits of PIANC and National PIA.

Branch Contact (Name) \_\_\_\_\_

Agency name \_\_\_\_\_

Mailing Address: Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: Street \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_ # of employees at this office \_\_\_\_\_

### Payment Method

Member Type: Main/\$425.00 \_\_\_\_\_ Branch/\$90.00 \_\_\_\_\_ Additional Voting/\$55.00 \_\_\_\_\_ Retired/ \$35.00 \_\_\_\_\_

**Check or Money Order** Total payment enclosed: \_\_\_\_\_

VISA \_\_\_\_\_ Master Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Return Application with payment to: PIANC, PO Box B, Henderson, NC 27536**

I have read the *PIANC* Membership Agreement and agree to uphold and support this agreement. By signing below, I also agree to support the other members and programs, and where possible, participate in the various Association activities. I furthermore certify that the information in this application is correct to the best of my knowledge.

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