



Local Agents Serving Main Street America™

PIA of SC Membership Application

Professional Insurance Agents of South Carolina
Mailing Address: P. O. Box 6167, Columbia, SC 29260

Phone: 803-772-0557 Fax: 803-772-0846
Email: piasc@piasc.net

AGENCY: **Mailing Address:**

Location Address: **Phone / Fax:**

Agency Principal: **Email:**

Contact Person: **Email:**

Personnel to Receive Mailings (E&O Newsletter, CE information, Dept. of Ins. bulletins – by email only):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Member	Email Address	Staff Member	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Member	Email Address	Staff Member	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Member	Email Address	Staff Member	Email Address

Branch Office:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Name	Name of Contact Person	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City/State/Zip	Email

(If necessary, list additional Branch Offices on back.)

SCHEDULE OF DUES

Dues are based on the total staff of your agency.
Please indicate your total staff size _____

Staff Size: Annual Dues:
10 and under _____ \$295
More than 10 _____ \$450
Additional \$25 per Branch Office _____

E&O Policy Expiration Date _____

Attention UTICA E&O policyholders:
Your PIA-SC membership entitles you to a 10% credit on your E&O policy.

Amount Enclosed: \$ _____

Make Checks Payable to: PIA of S. Carolina