

## CTYIP Member Application—Join YIP today!

Name: \_\_\_\_\_

Agency/company: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**If you leave your current place of employment please advise us at [yip@pia.org](mailto:yip@pia.org) or (800) 424-4244.**

Number of years in the insurance industry: \_\_\_\_\_

Insurance designation(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

PIA member\* no.: \_\_\_\_\_

Active I-Under 40 years of age  Active II-Over 40 years of age

### Current position:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> CSR/Clerical   | <input type="checkbox"/> Principal      | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Underwriter    | <input type="checkbox"/> Marketing rep. | <input type="checkbox"/> Broker   |
| <input type="checkbox"/> Sales managers | <input type="checkbox"/> Vendor         | <input type="checkbox"/> Agent    |
| <input type="checkbox"/> Student        | <input type="checkbox"/> Other: _____   |                                   |

You may publish my name/agency/company/address/phone no. in the membership directory. Please circle one: Yes No  
(Accessed with your CTYIP member ID no.)

**Method of payment:** Annual membership dues are \$55.  
Credit card:  Visa  MasterCard  American Express

Credit card no.: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

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

Verif. code: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Amount: \_\_\_\_\_

Enclosed is my check in the amount of \$55 for my annual CTYIP membership dues payable to Connecticut Young Insurance Professionals. Accounting code: 208-000

**\*Membership in PIACT is required for CTYIP membership.  
To verify your employer's membership, call (800) 424-4244 or e-mail [yip@piaonline.org](mailto:yip@piaonline.org).**

For more information, call (800) 424-4244 or (518) 434-3111.  
Dues may be deducted as a business expense as the law provides.

### Mail, phone or fax your member application:

Mail: Connecticut Young Insurance Professionals  
25 Chamberlain St., P.O. Box 997, Glenmont, NY 12077-0997  
Phone (with credit card info): (800) 424-4244  
Fax (with credit card info): (888) 225-6935

## Specialty:

Choose the **ONE** specialty area that best describes your primary responsibility.

- 401(k) plans
- Accident and health
- Agency automation
- Agency management
- Boiler and machinery
- Business auto
- Commercial/general lines
- Contractors
- Credit
- Day care
- Defined benefit plans
- Directors and officers
- Disability health
- Employment practices
- Excess liability
- Farms
- Fidelity/surety
- Group dental health
- Group life
- Individual life
- Inland marine
- Key person life
- Large group health
- Lawyers
- Long-term health care
- Marketing
- Nonprofit
- Ocean marine
- Payroll services
- Pension
- Personal auto
- Personal homeowner
- Personal valuable items
- Premium financing
- Product liability
- Professional liability
- Property/casualty
- Reinsurance
- Restoration
- Risk management
- Security guards
- Small group health
- Sports accidents
- Surplus lines
- Transportation
- Umbrella liability
- Umbrella/excess
- Workers' compensation