



## CONNECTICUT

### Advisory council statement-of-interest form

Thank you for your interest in PIA's advisory council program.

Please complete the information and return to Kelly Norris via *fax at: (888) 225-6935*.

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First name

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Last name

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Agency name

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Agency address

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City State ZIP code

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Phone Fax

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E-mail address

What is your position in the agency?

☐ owner/principal ☐ producer ☐ other \_\_\_\_\_

Number of employees in agency (including yourself):

☐ 1-5 employees ☐ 6-10 employees ☐ 11-15 employees ☐ 16-20 employees ☐ 21+ employees

How many years have you been in the insurance industry?

☐ 1-5 years ☐ 6-10 years ☐ 11-19 years ☐ 20+ years

Which location would you prefer (please select a location in your home state):

☐ Western Connecticut (Shelton)  
☐ Central Connecticut (Hartford)

Upon receipt of this form, we will contact you regarding your appointment and with further details.