



PIA SERVICES GROUP
INSURANCE FUND

BUSINESS OVERHEAD EXPENSE PROGRAM

CENSUS FORM

This is not an application for insurance.

Name: _____ Male Female

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Number of hours worked per week: _____ *(Must work at least 30 hours per week to be eligible)*

Date of Birth: _____

Waiting Period: 30 Days

Benefit Periods: 12 Months 18 Months 24 Months

Benefit Amount: \$ _____ (\$500 to \$10,000)

(Based on your Total Monthly Business Overhead Expenses) See brochure for details.

Administered by:

Lockton Risk Services
P.O. Box 410679
Kansas City, MO 64141-0679
1-800-336-4759
Fax: 913-652-7599

www.piatruster.com

Underwritten by:

Unimerica Insurance Company
Association Administrative Address:
P.O. Box 17828, Portland, ME 04112-8828