

# **PIA Carrier Education Assistance Program Commitment Agreement**

Date: \_\_\_\_\_

\_\_\_\_\_, being a company member in good standing of the PIAVA/DC and a certified participant of the PIA Carrier Education Assistance Program , and

\_\_\_\_\_, an agency-member in good standing of the PIAVA/DC, have agreed to further the Industry Education of the following specified agency personnel through the list education curriculum administered by PIAVADC, and specifically identified below.

\_\_\_\_\_ understands and appreciates the value that furthered and enhanced industry education provides to PIA member agencies, and agrees to pay \_\_\_\_\_ directly to the PIAVADC to defray the cost of the undersigned PIA member agency's education.

\_\_\_\_\_ understands that this insurance company contribution to further education at the member-agency is an incremental cost to the insurance company, and therefore agrees to support the insurance company and its investment with the following action plan and commitment.

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Agency