



MEMBERSHIP APPLICATION

CONTACT INFORMATION

Company

Key Contact Name

Title

Mailing Address/City/ST/ZIP

Phone

Fax

Email

Web Address

COMPANY PROFILE

Membership Type: Full Insurer Reinsurer Subscriber Affiliate

NY Direct Premiums Written (2 years prior): \$ _____ (Annual Statement Schedule T - line 33, column 2)

Company Type: Stock Mutual Cooperative Other: _____

New York Domestic: Yes No If no, state company domiciled in: _____

Lines of Insurance Written:

- Auto Commercial Farm Landlord Professional Liability Property Personal
- Auto Personal Fire Marine Property Commercial Workers' Compensation

Brief Company Description/History:

How did you hear about NYIA? _____

AUTHORIZATION

I understand that by providing the contact information above, I consent to receive correspondence sent by or on behalf of the New York Insurance Association, Inc., New York Insurance Association, Inc. PAC and New York Insurance Scholarship Foundation. Contact information will not be shared outside of the association and these related entities. Membership is renewed automatically in January, unless resignation is received on or before November 1st of the year prior to effective resignation year.

Authorized Signature

Date

Please submit both pages of application to Stacey Orlando at sorlando@nyia.org.

BYLAWS ARTICLE XIV

ACCEPTANCE OF BYLAWS BY MEMBERS

Each member of the Association shall, through a duly authorized official subscribe and file with the Association a copy of these Bylaws. Each member so subscribing and filing shall be considered by such act to have declared its absolute and complete acceptance of and its purpose to comply fully with all of the provisions of these Bylaws and any duly adopted amendments thereto, and with regulations which may from time to time be promulgated thereunder; and each member by its action in so subscribing and filing waives all rights and demands of any nature, past, present, and future against the Association or any of its officers or members on account of any action by the Association, its officers, or committees, subject to such exclusion as are permitted by law.

BYLAWS ACCEPTANCE (To be signed by an authorized contact.)

Company _____

Authorized Contact Name _____

Authorized Contact Title _____

Mailing Address/City/ST/ZIP _____

Phone _____

Fax _____

Authorized Signature _____

Date _____