



## 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:**

- |  |                               |                                   |   |  |
|--|-------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Auto Commercial | <input type="checkbox"/> Farm | <input type="checkbox"/> Landlord | <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Property Personal     |
| <input type="checkbox"/> Auto Personal   | <input type="checkbox"/> Fire | <input type="checkbox"/> Marine   | <input type="checkbox"/> Property Commercial    | <input type="checkbox"/> 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](mailto:sorlando@nyia.org).

130 Washington Avenue • Albany, New York 12210  
(518) 432-4227 • [info@nyia.org](mailto:info@nyia.org) • [www.nyia.org](http://www.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 \_\_\_\_\_