



NYIA
New York Insurance Association, Inc.

2010 MEMBERSHIP APPLICATION

Contact Information

Company: _____

Contact Name: _____ Title: _____

Mailing Address: _____ City/State/ZIP: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

Preferred method of contact: E-mail Fax USPS Mail *Information will not be shared outside of NYIA.*

Company Profile

Membership Type: Full Insurer Member Reinsurer Member Subscribing Member

2008 New York Direct Premiums Written: \$ _____ (Annual Statement Schedule T - line 33, column 2)

Company Type: Stock Mutual Cooperative Other: _____

New York Domestic: Yes No State Company Licensed In: _____

Lines of Insurance Written:

- Auto Commercial Farm Landlord Mobile Home Property Personal
- Auto Personal Fire Marine Property Commercial Workers' Compensation

Brief Company Description/History: _____

How did you hear about NYIA? _____

I understand that by providing a fax number and e-mail address above, I consent to receive faxes and/or e-mails sent by or on behalf of the New York Insurance Association, Inc. and the New York Insurance Association, Inc. PAC.

Authorized Signature: _____ Date: _____

**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.

Company: _____

Authorized Contact Name: _____

Title: _____

Authorized Contact Signature: _____

Date: _____