

COMPANY QUESTIONNAIRE FOR SUBSCRIPTION/MEMBERSHIP FOR AUTOMOBILE INSURANCE SHARED MARKET ORGANIZATIONS

Email completed Questionnaire to:	Or mail to:	Questions:			
Allison.Fikri@aipso.com	AIPSO	Call Allison: (401) 946-2310 ext. 3319			
Karen.Leite@aipso.com	Quota & Participation Services	Call Karen: (401	Call Karen: (401) 946-2310 ext. 3310		
	302 Central Ave				
	Johnston, RI 02919				
1. COMPANY NAME					
Company Name			NAIC Code	Domicile State	
2. OFFICER COMPLETING/REVIEWING	THIS FORM				
Officer Name		Title			
Address					
			_		
Signature (If submitting electronically, type sig	nature)		Date		
L					
3. TRADE ASSOCIATION MEMBERSHIP					
AIA - American Insurance Association	○ INDEPENDENT - Non-Affiliated Compa	ny OPCI - Proper	ty Casualty In:	surers of America	
		•			
4. REPORTING STATISTICAL AGENCY –	For automobile statistical data				
 AAIS- American Association of Insuran 	ce Services	rganization	Statistica	l Code (if known)	
O ISO - Insurance Service Office	NISS - National Indepen		25		
 ISS - Independent Statistical Service, Ir 	c. No Statistical Agent Affi	liation			
If company belongs to more than one statistical	agency, please explain:				
5. AFFILIATION					
Company is under common ownership () Yes O No				
Group Name					
Other Comments in Comm					
Other Companies in Group					

COMPANY CONTACT INFORMATION

AIPSO/PLAN ASSESSMENT - Indicate	individual to receive AIPS	O and state plan asse	ssments invoices	
Name		Title		
Street Address				
City/State/Zip Code				
Telephone (include area code)	Email address	;		
7. SUBSCRIBER/MEMBERSHIP PROXY				
Indicate individual to receive Subscribe	•	ote		
Check here if contact information is same as above Name			Title	
Traine			Title	
Street Address				
City/State/Zip Code				
Telephone (include area code)		Email address		
Questions 8 – 10 apply to companies	•	•	pany is licensed for auto only ar	nd does not
write or intend to write auto insuranc	e, please skip to questi	on 11.		
8. QUOTA REPORTS AND MEMBER PA				_
These reports provide your company's sha				
must be designated to administer online a www.aipso.com and request access to you		s within your company	. The designated individual must reg	gister on
www.aipso.com and request decess to you	reports.			
Indicate individual to serve as report admi Check here if contact information is sar				
Name	116 43 45046		Title	
Telephone (include area code)	Email address	<u> </u>		

9. DIRECT ASSIGNMENT OF AUTO RESIDUAL MA	RKET RISKS - Indicate individual to receive direct assignment of auto residual market
risks	
Check here if contact information is same as above	:
Name	Title
Street Address	
Street Address	
City/State/Zip Code	
Talanhana (ingluda ayan anda)	Farail address
Telephone (include area code)	Email address
If the address given is for a regional office, please	
indicate the states to which this address applies	
10. SETTLEMENT OF POOLED RESULTS	
_ ·	mpany's share of the auto shared market pooled results. This includes; CAIP, JUA and
Reinsurance Facility mechanisms as applicable to your	· ·
Check here if contact information is same as above	
Name	Title
Street Address	<u>_</u>
City/State/Zip Code	
Telephone (include area code)	Email address

STATE MANUAL/SYMBOL & ID MANUALS/PORTFOLIOS OF FORMS AND ENDORSEMENTS can be viewed, free of charge, at www.aipso.com. All questions pertaining to the web access of manuals should be directed to AIPSO Web Support either by email: websupport@aipso.com or by phone: (888)424-0026 Monday through Friday (excluding holidays) 9:00am – 5:00pm EST.

SUBSCRIBER AND MEMBERSHIP CIRCULARS are available at www.aipso.com under the *Circulars* heading. Email alert signup is available and recommended.

11. STATE LICENSING

Please check the states that your company is <u>licensed to write automobile insurance</u>. Your company will be added as a subscriber for all states in which it is not currently a member.

State	State	State	
Alabama	Louisiana	Ohio	
Alaska	Maine	Oklahoma	
Arizona	Maryland	Oregon	
Arkansas	Massachusetts	Pennsylvania	
California	Michigan	Rhode Island	
Colorado	Minnesota	South Carolina	
Connecticut	Mississippi	South Dakota	
Delaware	Missouri	Tennessee	
District of Columbia	Montana	Texas	
Florida	Nebraska	Utah	
Georgia	Nevada	Vermont	
Hawaii	New Hampshire	Virgin Islands	
Idaho	New Jersey- Comm.	Virginia	
Illinois	New Jersey – Priv. Pass.	Washington	
Indiana	New Mexico	West Virginia	
Iowa	New York: DMV code	Wisconsin	
Kansas	North Carolina	Wyoming	
Kentucky	North Dakota		

FOR YOUR INFORMATION

The following are basic fees for subscription/membership in the Automobile Shared Market Organizations, by state. Please do not pay this fee at this time. You will be billed for this basic fee at the end of this calendar year.

State	Fee	State	Fee	State	Fee
Alabama	150.00	Kentucky	10.00	North Dakota*	20.00
Alaska	10.00	Louisiana	100.00	Ohio*	50.00
Arizona	10.00	Maine*	20.00	Oklahoma	10.00
Arkansas	10.00	Minnesota*	50.00	Oregon	10.00
California	10.00	Mississippi*	200.00	Pennsylvania*	20.00
Colorado	10.00	Missouri AIP*	50.00	Rhode Island*	20.00
Connecticut*	20.00	Montana	10.00	South Carolina	100.00
Delaware	50.00	Nebraska	10.00	South Dakota*	20.00
District of Columbia	50.00	Nevada	10.00	Tennessee	200.00
Florida	2,500.00	New Hampshire CAIP*	20.00	Utah	10.00
Georgia	25.00	New Hampshire Facility	25.00	Vermont	10.00
Hawaii	1,000.00	New Jersey CAIP*	20.00	Virginia	50.00
Idaho	10.00	New Jersey PAIP*	200.00	Washington	10.00
Illinois*	20.00	New Jersey SAIP	100.00	West Virginia	50.00
Indiana	100.00	New Mexico	10.00	Wisconsin	10.00
lowa*	20.00	New York*	20.00	Wyoming	10.00
Kansas*	100.00	North Carolina	100.00		

^{*} For these states, the amount shown reflects the combined basic amount for liability and physical damage. Therefore, companies licensed for only liability or only physical damage would be subject to half the amount shown.