

AIPSO Subscribership Questionnaire

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

Please Mail This Completed Questionnaire to:

AIPSO Field Operations, Attn: Allison Fikri
302 Central Avenue, Johnston, Rhode Island 02919

Questions? phone:(401) 946-2310, ext. 3319 fax:(401) 528-1350

1. **COMPANY NAME:** _____ **NAIC CODE:** _____

2. **OFFICER COMPLETING THIS FORM:**

_____ *Officer Name*

_____ *Address*

_____ *Signature* _____ *Date*

_____ *Phone* _____ *E-mail Address*

3. **TRADE ASSOCIATION:** *Company is a member of:*

AIA - American Insurance Association

PCI - Property Casualty Insurers of America

INDEPENDENT - Non-Affiliated Company

4. **LICENSE:** *Company is licensed for:*

Auto Liability

Auto Physical Damage

5. **NEW YORK DMV CODE** *(If Company is licensed in New York):* _____

6. **STATE OF DOMICILE:** _____

7. **STATISTICAL AGENCY:** *Company reports its Automobile Insurance Statistical data to:*

AAIS: American Association of Insurance Services

MSO: Mutual Service Organization

ISO: Insurance Service Office

NISS: National Independent Statistical Services

ISS: Independent Statistical Service, Inc.

Statistical Code: _____

If company belongs to more than one statistical agency, please explain:

8. **AFFILIATION:**

a. *Company is under common ownership:* **Yes** **No**

b. *Group Name:* _____

c. *Other Companies in Group licensed in state:* _____

d. ASSESSMENTS TO BE MAILED TO:

Name *Title*

Address

City/State/Zip Code *Phone* *E-mail Address*

e. PLAN CIRCULAR LETTERS TO BE MAILED TO:

Name *Title*

Address

City/State/Zip Code *Phone* *E-mail Address*

**f. CAIP DISBURSEMENTS AND COLLECTIONS OF FUNDS, ACCOUNTING, STATISTICAL PARTICIPATION
AND ANY OTHER ADMINISTRATIVE INFORMATION TO BE MAILED TO:**

Name *Title*

Address

City/State/Zip Code *Phone* *E-mail Address*

STATE PLAN MANUALS

State Plan Manuals can be viewed, free of charge, at www.aipso.com.

All questions pertaining to the web access of state manuals
or inquires on the purchase of printed copies of state manuals
should be directed to:

AIPSO MOM/WEB Support
302 Central Avenue
Johnston, RI 02919-4995
(888) 424-0026 • fax (401) 528-1350
Monday - Friday 9:00 a.m. - 3:00 p.m. EST

10. STATE LICENSING: Please check off those states in which your company is licensed to write automobile insurance. Your company will be added as a subscriber for all states in which it is not already a member:

| <u>State</u> | <u>Code</u> | <u>State</u> | <u>Code</u> | <u>State</u> | <u>Code</u> |
|--|-------------|--|-------------|--|-------------|
| <input type="checkbox"/> AL/Alabama | 01 | <input type="checkbox"/> LA/Louisiana | 17 | <input type="checkbox"/> ND/North Dakota | 33 |
| <input type="checkbox"/> AK/Alaska | 54 | <input type="checkbox"/> ME/Maine | 18 | <input type="checkbox"/> OH/Ohio | 34 |
| <input type="checkbox"/> AZ/Arizona | 02 | <input type="checkbox"/> MD/Maryland | 19 | <input type="checkbox"/> OK/Oklahoma | 35 |
| <input type="checkbox"/> AR/Arkansas | 03 | <input type="checkbox"/> MA/Massachusetts | 20 | <input type="checkbox"/> OR/Oregon | 36 |
| <input type="checkbox"/> CA/California | 04 | <input type="checkbox"/> MI/Michigan | 21 | <input type="checkbox"/> PA/Pennsylvania | 37 |
| <input type="checkbox"/> CO/Colorado | 05 | <input type="checkbox"/> MN/Minnesota | 22 | <input type="checkbox"/> RI/Rhode Island | 38 |
| <input type="checkbox"/> CT/Connecticut | 06 | <input type="checkbox"/> MS/Mississippi | 23 | <input type="checkbox"/> SC/South Carolina | 39 |
| <input type="checkbox"/> DE/Delaware | 07 | <input type="checkbox"/> MO/Missouri AIP | 24 | <input type="checkbox"/> SD/South Dakota | 40 |
| <input type="checkbox"/> DC/District of Columbia | 08 | <input type="checkbox"/> MO/Missouri JUA | 24 | <input type="checkbox"/> TN/Tennessee | 41 |
| <input type="checkbox"/> FL/Florida | 09 | <input type="checkbox"/> MT/Montana | 25 | <input type="checkbox"/> TX/Texas | 42 |
| <input type="checkbox"/> GA/Georgia | 10 | <input type="checkbox"/> NE/Nebraska | 26 | <input type="checkbox"/> UT/Utah | 43 |
| <input type="checkbox"/> HI/Hawaii | 52 | <input type="checkbox"/> NV/Nevada | 27 | <input type="checkbox"/> VT/Vermont | 44 |
| <input type="checkbox"/> ID/Idaho | 11 | <input type="checkbox"/> NH/New Hampshire | 28 | <input type="checkbox"/> VI/Virgin Islands | 50 |
| <input type="checkbox"/> IL/Illinois | 12 | <input type="checkbox"/> NJ/New Jersey- Commercial | 29 | <input type="checkbox"/> VA/Virginia | 45 |
| <input type="checkbox"/> IN/Indiana | 13 | <input type="checkbox"/> NJ/New Jersey - Private Pass. | 29 | <input type="checkbox"/> WA/Washington | 46 |
| <input type="checkbox"/> IA/Iowa | 14 | <input type="checkbox"/> NM/New Mexico | 30 | <input type="checkbox"/> WV/West Virginia | 47 |
| <input type="checkbox"/> KS/Kansas | 15 | <input type="checkbox"/> NY/New York | 31 | <input type="checkbox"/> WI/Wisconsin | 48 |
| <input type="checkbox"/> KY/Kentucky | 16 | <input type="checkbox"/> NC/North Carolina | 32 | <input type="checkbox"/> WY/Wyoming | 49 |

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

| <u>state</u> | <u>fee</u> | <u>state</u> | <u>fee</u> | <u>state</u> | <u>fee</u> |
|-------------------------|------------|---------------------------|------------|-------------------|------------|
| AL/Alabama | 150.00 | KY/Kentucky | 10.00 | NC/North Carolina | 100.00 |
| AK/Alaska | 10.00 | LA/Louisiana | 100.00 | ND/North Dakota | 10.00 |
| AZ/Arizona | 10.00 | ME/Maine* | 20.00 | OH/Ohio* | 50.00 |
| AR/Arkansas | 10.00 | MN/Minnesota* | 50.00 | OK/Oklahoma | 10.00 |
| CA/California | 10.00 | MS/Mississippi* | 200.00 | OR/Oregon | 10.00 |
| CO/Colorado | 10.00 | MO/Missouri AIP | 50.00 | PA/Pennsylvania* | 20.00 |
| CT/Connecticut* | 20.00 | MO/Missouri JUA | 50.00 | RI/Rhode Island* | 20.00 |
| DE/Delaware | 50.00 | MT/Montana | 10.00 | SC/South Carolina | 100.00 |
| DC/District of Columbia | 50.00 | NE/Nebraska | 10.00 | SD/South Dakota | 10.00 |
| FL/Florida | 2,500.00 | NV/Nevada | 10.00 | TN/Tennessee | 250.00 |
| GA/Georgia | 25.00 | NH/New Hampshire CAIP* | 20.00 | UT/Utah | 10.00 |
| HI/Hawaii | 1,000.00 | NH/New Hampshire Facility | 25.00 | VT/Vermont | 10.00 |
| ID/Idaho | 10.00 | NJ/New Jersey CAIP* | 20.00 | VA/Virginia | 50.00 |
| IL/Illinois* | 20.00 | NJ/New Jersey PAIP* | 200.00 | WA/Washington | 10.00 |
| IN/Indiana | 100.00 | NJ/New Jersey SAIP | 100.00 | WV/West Virginia | 50.00 |
| IA/Iowa* | 20.00 | NM/New Mexico | 10.00 | WI/Wisconsin | 10.00 |
| KS/Kansas* | 100.00 | NY/New York* | 20.00 | WY/Wyoming | 10.00 |

*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.