

PRODUCER REGISTRATION AND ACH AGREEMENT
Fields denoted by () below are mandatory.*

SECTION A - PRODUCER (OFFICE)			
Name*:			
Address*:			
City*:	State*:	Zip*:	-
Phone*: ()	Fax: ()		
Representative contact for policy related questions: (Name, Phone, Email):			
Is your agency considered the Home Office*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, complete Home Office Information below)</i>			
Home Office Producer Name*			
Address*:	City*:	State*:	Zip*:
Phone*: ()	NYPIUA Producer Number (if known)*:		
SECTION B - CONSENT TO CONDUCT BUSINESS ELECTRONICALLY			
<p>New York Property Insurance Underwriting Association ("NYPIUA") provides customers with the option to conduct business electronically and to receive all insurance-related documents electronically. To enroll in the "go paperless" option, you must read and agree to the "go paperless" option terms and conditions located online at nypiua.com.</p> <p>CONSENT STATEMENT : BY PROVIDING MY EMAIL ADDRESS AND SIGNING BELOW, I CONSENT TO CONDUCT BUSINESS WITH NYPIUA ELECTRONICALLY IN ACCORDANCE WITH THE "GO PAPERLESS" OPTION TERMS AND CONDITIONS. I UNDERSTAND THAT BY CONSENTING, I WILL NO LONGER RECEIVE PAPER DECLARATIONS, FORMS, CANCELLATION NOTICES OR BILLS. I AGREE AND ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE "GO PAPERLESS" OPTION TERMS AND CONDITIONS LOCATED ONLINE AT WWW.NYPIUA.COM/GOPAPERLESS AND THAT I AM ABLE TO RECEIVE, ACCESS, VIEW, SIGN AND RETAIN ELECTRONIC COMMUNICATIONS PURSUANT TO THE HARDWARE AND SOFTWARE REQUIREMENTS THEREIN.</p> <p>Email Address * _____</p> <p>Name*(<i>print</i>) _____ Signature* _____ Date* _____</p>			
SECTION C – COMMISSION STATEMENT AND PAYMENT INFORMATION			
Provide email address to receive statements and/or ACH Advice*:			
Representative contact for commission related questions: (Name, Phone, Email): <input type="checkbox"/> Same as producer representative			
Representative contact for billing related questions: (Name, Phone, Email): <input type="checkbox"/> Same as producer representative			
SECTION D - AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)			
Financial Institution Name*:			
City*:	State*:	Transit/Routing Number*:	
Account Number*:	Name as it appears on Account*:		
<p>I hereby authorize New York Property Insurance Underwriting Association ("NYPIUA") to initiate credit entries to my Checking OR Savings Account indicated above at the Financial Institution named above, to credit the same to such account. This authorization is to remain in full force and effect until NYPIUA has received written notification from me of its termination in such time and in such manner as to afford NYPIUA and the Financial Institution a reasonable opportunity to act on it.</p> <p>Name*(<i>print</i>) _____ Signature* _____ Date* _____</p>			
Please return this completed form with copy of your New York State Producer License, completed W-9 (which can be located at irs.gov) and a copy of a voided check for producer identified in Section A to: email – fairplan@nypiua.com Mail – NYPIUA at: 155 Myers Corners Road, Wappingers Falls, NY 12590-3857			