

APPLICATION FOR REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE (EASi) NORTH DAKOTA AUTOMOBILE INSURANCE PLAN

PRINT IN INK OR TYPE APPLICATION

MAIL APPLICATION AND COPY OF LICENSE TO: NORTH DAKOTA AUTOMOBILE INSURANCE PLAN P.O. BOX 6530 PROVIDENCE, RI 02940-6530		FOR PLAN USE	
		RECEIVED	PROCESSED BY AND DATE
		REGISTRATION ID CODE	
FOR FASTER SERVICE, THIS FORM AND A COPY OF LICENSE MAY BE FAXED TO (800-827-6260) OR EMAILED TO <u>CentralRegion@aipso.com</u>			
P & C INSURANCE AGENT/BROKER LICENSE NO.	EXPIRATION DATE	TAX ID NO. OR SOCIAL SECURITY NO.	
LAST NAME/OR AGENCY NAME (AS IT APPEARS ON PRODUCER'S LICENSE)	FIRST NAME	MI	
DBA (AS IT APPEARS ON PRODUCER'S LICENSE)			
STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO. (INCLUDING AREA CODE)	FAX NO. (INCLUDING AREA CODE)		
IF AN INDIVIDUAL, NAME OF AGENCY/BROKERAGE ASSOCIATED WITH:*	AGENCY LICENSE NO.	AGENCY REGISTRATION ID CODE	
E-MAIL ADDRESS			
*NOTE: IF AGENCY IS NOT REGISTERED, PLEASE COMPLETE AND ATTACH AN APPLICATION FOR AGENCY REGISTRATION.			
IF YOU HAVE ANY QUESTIONS ON THE NORTH DAKOTA AUTOMOBILE INSURANCE PLAN REGISTRATION PROGRAM OR THE PROPER COMPLETION OF THIS FORM, PLEASE CONTACT CUSTOMER SERVICE AT (888) 706-6100. FAILURE TO INCLUDE A LICENSE COPY WILL RESULT IN THE RETURN OF YOUR APPLICATION. IF ADDITIONAL COPIES OF THIS APPLICATION FORM ARE NEEDED, THIS FORM MAY BE PHOTOCOPIED.			
<h2>APPLICANT'S DECLARATION</h2>			
THE APPLICANT NAMED ABOVE, OR THEIR REPRESENTATIVE, DECLARES THAT IN THE EVENT OF REGISTRATION AS A PRODUCER WHO MAY ACCESS EASi AND ELECTRONICALLY TRANSMIT NORTH DAKOTA AUTOMOBILE INSURANCE PLAN APPLICATIONS, THE APPLICANT WILL COMPLY WITH ALL PLAN RULES AND REGULATIONS. ADDITIONALLY, THEY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THE COPY OF THE LICENSE IS AS ISSUED BY THE NORTH DAKOTA INSURANCE RATING COMMISSION. ANY MISREPRESENTATION OF MATERIAL INFORMATION OR ALTERATION OF THE LICENSE WILL RESULT IN THEIR REGISTRATION BEING DECLARED INVALID.			
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE		PRINTED NAME	DATE
PRODUCER REMARKS		PLAN REMARKS	