



Independent Insurance Agent

NHAIA COMPLIANCE REMINDER PROGRAM

REGISTRATION FORM

Name: _____

Agency/Company Name: _____

Preferred Email Address: _____

Type of license: Producer ____ Adjuster ____

Your month of birth (Circle one)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

We'll send you an email every year several months prior to your birthday to remind you to check your transcript!

This service is free to NHAIA member agencies and their employees. The service is available to non-members for a one time set up fee of \$25.00.

Non-member payment options:

Check enclosed: _____

Credit Card: (please circle one) MASTERCARD VISA

Credit Card Number: _____

Expiration Date: _____ Security (V) code: _____

NEW HAMPSHIRE ASSOCIATION OF INSURANCE AGENTS
125 AIRPORT ROAD, CONCORD, NH 03301
1-800-559-3373
FAX: 603-224-0550
Email: judy@nhaia.com

You are responsible to check your transcript for CE compliance. NHAIA is not responsible if you fail to maintain your required continuing education credit hours. NHAIA is not responsible if you fail to receive the email due to email address changes not reported to our office.

For NHAIA office use only

Date entered: A: _____ O: _____ Initials: _____