

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

I Reporting Information

Year: 2018

Fill in circle if amendment

FOR OFFICE USE ONLY

"SCOPE" Rec'd
JAN 16 2019

II Client Information

Name: New York Insurance Association, Inc.

Permanent Business Address: 130 Washington Avenue

City: Albany State: NY ZIP code: 12210

Phone: 518-432-4227

III Business Relationship with an Entity

Instructions: Fill out this section *only* if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s):

Compensation (Actual or Anticipated):	\$.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):	\$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) *if applicable*: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Crouch

State Person First Name: Clifford

Agency or Legislative Body of Employment: NYS Assemblyman

Public Office Address: 1 Kattelville Road, Suite 1

City: Binghamton

State: NY

ZIP code: 13901

Phone: 607-648-6080

Description of Business Relationship(s): A NYIA board member, Steven Coffey, is the Vice President of Broome Co-operative Insurance Co. Broome Co-operative has on its board of directors Assemblyman Clifford Crouch

Compensation (Actual or Anticipated):	\$ 2400.00	.00
Expenses (Actual or Anticipated):	\$ 137.34	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 2537.34	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: July Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s):

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: Ellen Melchionni, President

DATE: 01/14/2019

PRINT NAME: LAST Melchionni

FIRST Ellen

Mark One: Chief Administrative Officer Designee(Attach Letter)