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  ○

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): $ 0.00  
Expenses (Actual or Anticipated): $ 0.00  
Total Compensation and Expenses (Actual or Anticipated): $ 0.00

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: ○

Continued on next page
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.

Signature: Ellen Melchionni, President
Date: 01/14/2019

Print Name: Last Melchionni
First Ellen

Mark One: ☒ Chief Administrative Officer ○ Designee (Attach Letter)