



PRE-LICENSE SCHEDULE 2010 - 2011

1211 Memorial Hwy, Bismarck ND (701) 223-5025 piand@piand.com www.piand.com

Pre-license classes are scheduled in **BISMARCK** as follows:

Property/Casualty - OR - Life/Health

2010: September 21-22	2011: January 18-19
October 19-20	February 15-16
November 16-17	March 15-16
December 14-15	April 19-20
	May 17-18

Crop/Hail-MPCI: ** Fall 2010 class will be arranged if sufficient registrations rec'd

2011: January 20
February 17
March 17
April 20

NOTE: Class minimums must be met for a class to be confirmed. **DO NOT** make your test appointment until a class **confirmation** is received.

CLASS FEES:

Two-day P&C or L&H school:
\$195 PIA Member-sponsored
\$220 Non-member

Fee includes tuition, study materials, sample tests, and lunches & refreshments.

One-day school for Crop/Hail
\$115 PIA Member-sponsored
\$130 Non-member

a P&C or a L&H computer **EXAM SIMULATOR** is available for an additional fee of **\$32**

We are NOT able to accept credit card payments for class fees.

STUDY MATERIALS will be sent upon receipt of your paid registration. **MATERIALS ONLY** may be ordered for a fee of **\$50** [\$15 for Crop/Hail materials] should you not wish to attend a class (no longer required by state law). The materials cost may be deducted from class fees should you decide to attend a class later.

STATE TESTING is available in Bismarck and Fargo selected weekdays BY APPOINTMENT ONLY. Test registration and ND license requirement information will be sent with study materials or is available at www.nd.gov/ndins/

CANCELLATION POLICY: A cancellation or transfer to another session AFTER receipt of class confirmation will incur a \$25 service fee. PIAAND reserves the right to cancel or reschedule classes pending enrollment minimums and/or instructor availability.

TO REGISTER, use the registration form below and send with your class fees to:

PIA of North Dakota – 1211 Memorial Hwy, Ste. 6 – Bismarck ND 58504

PRE-LICENSE REGISTRATION

Name: _____

Agency: _____ Phone: _____

Address: _____ Fax: _____

City/St/Zip: _____ e-mail: _____

INDICATE CLASS & DATE BELOW:

PROPERTY/CASUALTY

LIFE/HEALTH & ACCIDENT

CROP/HAIL-MPCI
