



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

## New Hampshire Continuing Education PROVIDER CONTACT FORM

This form is required of all New Providers  
Mail the completed form and "NH Continuing Education Course Application" to:  
NH Insurance Department, Continuing Education  
21 South Fruit St Ste 14 Concord NH 03301  
For questions, call 603-271-2261 (option 2) or email [producerquestions@ins.nh.gov](mailto:producerquestions@ins.nh.gov)

Provider Name \_\_\_\_\_

Provider FEIN \_\_\_\_\_

### Business Contact Info

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Info

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Alternative Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_