



PRE-LICENSE SCHEDULE 2025-2026

827 28th St. So. Suite C2, Fargo ND (701) 936-6766 piand@piand.com

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

Property/Casualty - OR - Life/Health

2025: September 3-4
October 7-8
November 4-5
December 2-3

2026: January 7-8
February 11-12
March 18-19
April 15-16
May 13-14

DATES LISTED ARE TENTATIVE

NOTE: Class minimums must be met for a class to be confirmed. Test registrations must be made with testing company (PSI Exams) www.psonline.com or you can call to schedule 855.340.3905

CLASS FEES:

Two-day P&C or L&H:

\$260 PIA Member-Sponsored

\$295 Non-member

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

***a P&C or a L&H computer **EXAM SIMULATOR** offering multiple practice opportunities is available for
An additional fee of **\$35**

Call the PIAND office for Credit Card payment information – Credit Card fees will apply

STUDY MATERIALS will be sent upon receipt of your paid registration. MATERIALS ONLY may be ordered for a fee of **\$75 + \$5 s/h** 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 if the edition date is the same.

STATE TESTING is available in Bismarck, Fargo and Minot 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. PIAND reserves the right to cancel or reschedule classes pending enrollment minimums and/or instructor availability. Dates could be subject to change in case of bad weather or if instructor is unable to teach class. PIA will contact you with different dates if this happens.

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

PIA of North Dakota – 827 28th Street South, Suite C2, Fargo ND 58103

PRE-LICENSE REGISTRATION

Name: _____

Agency: _____ Phone: _____

Address: _____ Fax: _____

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

INDICATE CLASS & DATE BELOW:

☐ **PROPERTY/CASUALTY**

☐ **LIFE/HEALTH & ACCIDENT**

Location and Date _____
