

Membership Application – International

**NAMIC Membership**

For members domiciled outside the United States with zero U.S. Direct Written Premium.

The fee for members domiciled outside of the United States with zero U.S. Direct Written Premium is an annual fee of \$900 (U.S. Dollars).

Company Type:  Mutual  Reciprocal  Stock Date of Incorporation \_\_\_\_\_ MM/YYYY

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company's Web Address \_\_\_\_\_

President/CEO \_\_\_\_\_ E-mail \_\_\_\_\_

NAMIC Main Contact (if different from above) \_\_\_\_\_ E-mail \_\_\_\_\_

Board Chairperson \_\_\_\_\_ E-mail \_\_\_\_\_

Reason for joining NAMIC \_\_\_\_\_

**Organization Profile**

In addition to the information provided on this form, please attach a list of your organization's officers and directors, including e-mail contact information.

Also include a copy of your company's mission statement.

Rating Agency Evaluation (if applicable) \_\_\_\_\_

What are your primary lines of business? (Check all that apply)

- Personal Auto  Commercial Casualty  Fidelity & Surety  
 Homeowners  Commercial Auto  Credit/A&H

Reinsurance

- Non-Standard Auto  Workers' Compensation  Credit/A&H  
 Property  Excess and Surplus  Other (please list)

Other insurance associations to which your organization belongs (Check all that apply)

- American Insurance Association  Other \_\_\_\_\_  
 Property Casualty Insurers of America \_\_\_\_\_  
 Reinsurance Association of America \_\_\_\_\_

Return completed form to:  
 NAMIC  
 3601 Vincennes Road  
 Indianapolis, IN 46268  
 Fax (317) 879-8408

We hereby apply for membership in the National Association of Mutual Insurance Companies (NAMIC). We certify that the information contained in this application is accurate and truthful. We agree to support the vision, mission, and shared values of the association.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_