

Membership Application – Reinsurance

Reinsurance Member

Dues for membership are based on a company's (or group of companies) annual U.S. Net Written Premium. NAMIC has two segments or types of reinsurance members: Reinsurance Company or Reinsurance Broker. Members are able to access products and services in either type. Reinsurance Brokers dues are an annual fee of \$9,500.

Dues  
 \$ \_\_\_\_\_

Company Type:  Reinsurance Company  Reinsurance Broker 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.

Prior Year Net Written Premium (U.S.) (if applicable) \$ \_\_\_\_\_

Rating Agency Evaluation \_\_\_\_\_

Number of states in which your company does business \_\_\_\_\_

Number of states in which your company is licensed \_\_\_\_\_ Number of Employees \_\_\_\_\_

What are your primary lines of business?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> American Insurance Association        | <input type="checkbox"/> Other National Association(s) _____       |
| <input type="checkbox"/> Property Casualty Insurers of America | _____  |
| <input type="checkbox"/> Reinsurance Association of America    | <input type="checkbox"/> Other State/Regional Association(s) _____ |
|  | _____  |

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 \_\_\_\_\_