

NAMIC MEMBERSHIP

ANNUAL DUES: \$

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.

Company Type:	Mutual	Reciprocal	Stock	Date of Incorporation
Company				
Mailing Address				
City		State/Province		Zip or Postal Code
Telephone		Fax		Company's Web Address
President/CEO				E-mail
Board Chairperson				E-mail
NAMIC Main Contact (if different than above)				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.

*If applicable, list other companies in your group and indicate DWP for each company.

Rating Agency Evaluation (if applicable)

What are your primary lines of business? (Check all that apply)	<input type="checkbox"/> Personal Auto	<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Credit/A&H
	<input type="checkbox"/> Commercial Casualty	<input type="checkbox"/> Credit/A&H Reinsurance	<input type="checkbox"/> Property
	<input type="checkbox"/> Fidelity & Surety	<input type="checkbox"/> Non-Standard Auto	<input type="checkbox"/> Excess and Surplus
	<input type="checkbox"/> Homeowners	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other (please list)

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

	<input type="checkbox"/> American Property Casualty Insurance Association (APCIA)	
	<input type="checkbox"/> Reinsurance Association of America (RAA)	<input type="checkbox"/> Other (please list)

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
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