

## RELATED MEMBER

ANNUAL DUES: \$

Related members include non-insurance companies involved in one or more aspects of the insurance industry.

Company

Mailing Address

City

State/Province

Zip or Postal Code

Telephone

Fax

Company's Web Address

President

E-mail

NAMIC Main Contact (if different from above)

E-mail

Has any executive or key employee of your company been convicted of fraud or a felony?

YES

NO

Reason for joining NAMIC:

## ORGANIZATION PROFILE

In addition to the information provided on this form, please attach:

1. A list of your organizations executives and managers responsible for services described, including e-mail contact information. 2. Most recent annual report. 3. Third-party rating evaluation (D&B, BBB, industry rating agency)

Please describe the primary services your company provides the insurance industry.

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