

Membership Application

NAMIC Membership

Dues for membership are based on a company's (or group of companies) annual U.S. Direct Written Premium. NAMIC has two conferences or segments of membership: The Farm Mutual Conference and the Property Casualty Conference. While members are able to access products and services in either conference, each group designs and delivers educational seminars and products and services to meet the needs of their respective segments.

Annual Dues

\$ _____

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 _____

Government Affairs/Legislative Contact _____ 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.

2010 Direct Written Premium* (indicate group total 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? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal Auto | <input type="checkbox"/> Commercial Casualty | <input type="checkbox"/> Fidelity & Surety |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Commercial Auto | <input type="checkbox"/> Credit/A&H Reinsurance |
| <input type="checkbox"/> Non-Standard Auto | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Credit/A&H |
| <input type="checkbox"/> Property | <input type="checkbox"/> Excess and Surplus | <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 Insurance Association | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Property Casualty Insurers of America | _____ |
| <input type="checkbox"/> 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).

Signature _____ Title _____ Date _____