NAMIC®
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES

EFFECTIVE **ADVOCACY**
STRATEGIC **PUBLIC POLICY**
VALUABLE **MEMBER SERVICES**

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.

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.

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

2005 Direct Written Premium* (indicate group total of 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)

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

☐ American Insurance Association
☐ Property Casualty Insurers of America
☐ Commercial Casualty State Association(s)
☐ Other National Association(s) _____
☐ Other State/Regional Association(s) _____

We hereby apply for membership in the National Association of Mutual Insurance Companies (NAMIC).

Signature Title Date

Return completed form to:
NAMIC
3601 Vincennes Road
Indianapolis, IN 46268
Fax (317) 876-6213