

Membership Application – International

**NAMIC Membership**

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 of \$820 (U.S. Dollars).

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.

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 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 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    | _____                                |

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_