

Membership Application – Market Member

Market Member

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

Fees for market members are an annual flat fee of \$8,500.

 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:

- a list of your organizations executives and managers responsible for services described, including e-mail contact information
- most recent annual report
- third-party rating evaluation (D&B, BBB, industry rating agency)

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

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

- American Insurance Association Other _____
 Property Casualty Insurers 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). 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