NAMIC®
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES

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 $1,000 (U.S. Dollars).

Company Type: ☐ Mutual ☐ Reciprocal ☐ Stock | Date of Incorporation

Company

Mailing Address

City | State/Province | Zip or Postal Code

Telephone | Fax | Company's Web Address

President/CEO | E-mail

Board Chairperson | E-mail

NAMIC Main Contact (if different than above) | 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.

Rating Agency Evaluation (if applicable)

What are your primary lines of business? (Check all that apply)

- ☐ Personal Auto
- ☐ Commercial Auto
- ☐ Credit/A&H
- ☐ Commercial Casualty
- ☐ Credit/A&H Reinsurance
- ☐ Property
- ☐ Fidelity & Surety
- ☐ Non-Standard Auto
- ☐ Excess and Surplus
- ☐ Homeowners
- ☐ Workers' Compensation
- ☐ Other (please list)

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

- ☐ American Insurance Association
- ☐ Reinsurance Association of America
- ☐ Property Casualty Insurers of America
- ☐ Other (please list)

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

Return completed form to: NAMIC | 3601 Vincennes Road, Indianapolis, IN 46268 | Fax (317) 879-8408