NAMIC
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES

MEMBERSHIP APPLICATION
NAMIC

NAMIC MEMBERSHIP

ANNUAL DUES: $

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 ☐ RRG 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

Government Afffairs/Legislative Contact E-mail

Reason for joining NAMIC:

Prior Year 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:

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.

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