

REINSURANCE MEMBER

Dues for membership are based on a company's (or group of companies) annual U.S. Net Written Premium. NAMIC has two segments or types of reinsurance members: Reinsurance Company or Reinsurance Broker. Members are able to access products and services in either type.

ANNUAL DUES: \$ _____

Company Type:	Reinsurance Company	Reinsurance Broker	Date of Incorporation
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.

Prior Year Direct Written Premium* (indicate group total if applicable) \$ _____ Number of Employees: _____

Number of states in which your company does business: _____ Number of states in which your company is licensed: _____

Rating Agency Evaluation: _____

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: _____

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)

Other: _____

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
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