



Application for Membership

1. Company or Firm Name: _____

2. Mailing Address: _____

P.O. Box or Street Address *Unit #*

City *State* *ZIP Code*

3. Physical Address: _____

Street Address *Unit #*

City *State* *Zip Code*

4. Telephone: () _____ Fax: () _____

5. Website Address: _____

6. Brief description of your operations (e.g. wholesaler, MGA, any specialty programs). This is for our records and is not shared with anyone.

7. Member of: _____ NAPSLO _____ AAMGA

8. Designated Voting Member at Annual Meeting (Resident Members Only):

9. Names and e-mail address for all (resident and non-resident) Washington Surplus Line Licensees in your Company:

Licensee

E-mail address

Print Name and Title: _____

Signature: _____ Date: _____

Please attach the following:

- Copy of Home State License (if non-resident)
- Copy of the Brokerage Surplus Line License (entity license)
- Copy of Individual Surplus Line License (individual who holds a surplus line license for Washington)
- Copy of Affiliation Certificate from the commissioner's office
- Signed membership agreement
- Check for membership fee payable to Surplus Line Association of Washington (Annual Fee per Broker is \$100.00 subject to a \$1,000.00 maximum per office)

Please complete application and forward with all of the above items to:

Surplus Line Association of Washington
1710 One Union Square
600 University Street
Seattle, WA 98101-1129

The Board will approve your membership once we receive all of the above items. Once approved, you will receive your Broker Number and the Surplus Line Association of Washington Manual. The manual contains all pertinent information about the Association, along with procedures for making filings. You will also receive the proper affidavit forms. Some telephone communication will most likely be necessary to discuss filing details.