

**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: \_\_\_\_\_

*P.O. Box or Street Address*

*Unit #*

*City*

*State*

*Zip Code*

4. Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

5. Firm Primary Contact: \_\_\_\_\_

*Name*

*Title*

*Email*

*Phone Number*

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

9. Designated Voting Member at Annual Meeting (Resident Members Only):  
\_\_\_\_\_

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

Licensee

E-mail Address

Printed Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EXHIBIT A

## MEMBERSHIP AGREEMENT

*This document must be completed by the Surplus Line Licensee.*

The undersigned, both individually and on behalf of the corporation named below, does hereby agree with the Surplus Line Association of Washington:

- I. To abide by each and every provision of the articles, the bylaws, and any rules adopted pursuant to Article VIII of the bylaws, including with limitation the indemnification obligations contained in such rules.
  
- II. To pay all dues assessed by the Board of Directors.
  
- III. To obey all state and federal laws, rules and regulations governing the business of the undersigned, and any corporation named below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Individual Name (Print)

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Firm Name (Print)

## Application Checklist

The Surplus Line Association of Washington will verify the following information on the Washington Office of Insurance Commissioner's database:

- Brokerage (firm) Surplus Line Brokerage License
- Broker (individual) Surplus Line Broker License
- Surplus Line Licensee Affiliation

Please ensure the above criteria are met before submitting your application and required documents.

The required documents for your application are:

1. Brokerage (firm) Home State License (if non-resident)
2. Signed Membership Agreement and Application
3. \$100 Membership Fee

*Payable to:*

Surplus Line Association of Washington

Annual Membership Dues are for the term September 1<sup>st</sup> – August 31<sup>st</sup>.

Members that join the Association after March 1<sup>st</sup> will not be charged the Annual Membership Dues in September of that same year.

4. Submit all documents listed above to: [jackie@surpluslines.org](mailto:jackie@surpluslines.org)

or

Surplus Line Association of Washington  
600 University Street, Suite 1710  
Seattle, WA 98101-1192

*If you choose to submit your documents electronically, you may also pay the Membership Fee on SLIP. Instructions for Membership Fee electronic payment will be provided when you are assigned a broker number.*

The Board will approve your membership at the Board of Directors Meeting following receipt of your complete Membership Application package.

Once approved, you will receive your assigned broker number and the Surplus Line Association of Washington Manual along with instructions for obtaining access to our automated filing system (SLIP).

If you have any questions regarding the application process or general membership questions, please contact [jackie@surpluslines.org](mailto:jackie@surpluslines.org).