



Membership Application

Contact information

Organization Name

Contact Title

Telephone Fax E-mail

Street City State Zip

Organization information

When was your organization founded? _____

Domicile: _____

Direct written premium from most recent year-end report:

District of Columbia _____

National Total _____

What types of insurance policies does your company offer?

ANNUAL DUES SCHEDULE

I. FULL (VOTING) MEMBERS

A. Insurance Companies*

<u>Premium Volume**</u>	<u>Annual Dues</u>
Under \$ 1,000,000	\$ 1,250
\$ 1,000,000 - \$ 4,999,999	\$ 1,500
\$ 5,000,000 - \$ 9,999,999	\$ 4,000
\$10,000,000 - \$19,999,999	\$ 7,000
\$ 20,000,000 - \$ 29,999,999	\$ 9,000
\$ 30,000,000 - \$ 39,999,999	\$ 10,000
\$ 40,000,000 - \$ 49,999,999	\$ 12,500
Over \$50,000,000	\$ 15,000

B. Insurance Trade Associations: \$ 3,000

II. ASSOCIATE (NON-VOTING) MEMBERS

C. Associate Members: \$ 1,000

NOTES:

* Full membership requires licensure by the District of Columbia Department of Insurance, Securities and Banking (DISB) as an insurance company, HMO, group medical service corporation, or captive insurance company.

** Premium is defined as direct written premium generated in the District of Columbia for the most recent reporting period. Premiums for all entities within a group are aggregated for the purpose of determining total premiums on which dues are to be based.

Please use the information below to fax or mail this form, or contact us for additional information.

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