



Membership Application

Contact information

Organization Name _____

Contact Name/Title _____

Telephone _____

Email _____

Street City State Zip _____

Organization information

When was your organization founded? _____

State of Domicile: _____

Direct written premium from most recent year-end report:

District of Columbia Direct Written Premium (see below) _____

Lines of business offered _____

Additional Information

- 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 the total premiums on which dues are to be based.

Please scan/email or mail this form, or contact us for additional information:

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