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:

District of Columbia Insurance Federation
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