



# Membership Application

I hereby apply for membership in the National Risk Retention Association (NRRA).

Company Name: \_\_\_\_\_  
Primary Contact Name (Voting Member): \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Primary Contact Direct Phone: \_\_\_\_\_ Web site: \_\_\_\_\_

Membership in the National Risk Retention Association (NRRA) is company-held. There are five categories of NRRA membership: RRG, PG, Captive Manager, Reinsurer, and Service Provider. Please reference the Annual Dues Schedule below to determine the appropriate membership category.

## Annual Dues Schedule

(Effective 7-1-13)\*

### Risk Retention Groups

*Membership includes the RRG and all direct employees of the RRG.*

Annual Gross Written  
Premium in Millions

- \$0-\$5
- \$5-\$10
- \$10-\$25
- \$25-100
- \$100+
- RRG in single state

Annual Corporate Dues

- \$1,750
- \$2,250
- \$2,900
- \$3,500
- \$4,000
- \$900

### Purchasing Groups

*Membership includes the PG and all direct employees of the PG.*

- New Member
- Renewing Member

- \$350
- \$500

### Captive Manager

*Membership includes the captive management company and all direct employees of the captive management company, but does not extend to client RRGs or employees of client RRGs.*

Number of RRG Clients

- Fewer than 5
- 5-9
- 10+

Annual Corporate Dues

- \$2,100
- \$3,000
- \$4,250

### Reinsurer

*Membership includes the reinsurance company as well as all direct employees of the reinsurance company.*

- Reinsurer Annual Corporate Dues \$4,250

### Service Provider (Other than Captive Managers or Reinsurers – see above categories)

*Membership includes the service provider company as well as all direct employees of the service provider company.*

- Service Provider Annual Corporate Dues \$2,100

**Membership Type** (please refer to the category definitions on page one and check one):

RRG  PG  Captive Manager  Reinsurer  Service Provider

**RRG/PG:**

What is your total Annual Gross Written Premium? \_\_\_\_\_

Who/what industry does your RRG/PG represent? \_\_\_\_\_

Single State RRG - what state do you operate in? \_\_\_\_\_

**Captive Manager:**

How many RRG Clients does your company represent? \_\_\_\_\_

**Service Provider:**

What service(s) does your company provide? \_\_\_\_\_

**PAYMENT**

**Annual dues amount: \$** \_\_\_\_\_

(Please refer to chart on page one of this application or call NRRA Executive Director, Joseph E. Deems, at 800-928-5809 Ext. 102 with questions).

**Check Enclosed**  **Credit Card:**  MasterCard  Visa  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**Who may we thank for referring NRRA to you?** \_\_\_\_\_

**Additional employees to be included in this corporate membership at no additional charge:**

*(Must be direct employees under the same company name.)*

**Additional Employee Member:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**Additional Employee Member:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

*If you would like to add more employees to this membership, please include additional pages.*

*Additional employees may be added to your corporate membership at any time.*

***Thank you for joining NRRA!***

*\*By board action, the 3/10/13 dues increase has been divided over two years.*