

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

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 (NRRRA) is company-held. There are six categories of NRRRA membership: RRG, PG, Captive Manager, Reinsurer, Service Provider and Institutions. Please reference the Annual Dues Schedule below to determine the appropriate membership category.

Annual Dues Schedule

Risk Retention Groups

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

Annual Gross Written Premium in Millions	Annual Corporate Dues
<input type="checkbox"/> \$0-\$5	\$1,750
<input type="checkbox"/> \$5-\$10	\$2,250
<input type="checkbox"/> \$10-\$25	\$2,900
<input type="checkbox"/> \$25-100	\$3,500
<input type="checkbox"/> \$100+	\$4,000
<input type="checkbox"/> RRG in single state	\$900

Purchasing Groups

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

<input type="checkbox"/> New Member	\$350
<input type="checkbox"/> Renewing Member	\$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	Annual Corporate Dues
<input type="checkbox"/> Fewer than 5	\$2,100
<input type="checkbox"/> 5-9	\$3,000
<input type="checkbox"/> 10+	\$4,250

Reinsurer

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

<input type="checkbox"/> Reinsurer Annual Corporate Dues	\$3,200
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Annual Dues Schedule (Continued)

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
- Agents and Brokers \$2,100
- Self-Insured Group \$2,100
- Financial Institutions (Banks) \$2,100

Educational Institutions - Colleges (Other than CRISP schools)

Membership includes qualified students and all direct employees of the institution.

- Educational Institution – College \$1,000
- Participating CRISP Program School* Free **
- Young Alumni (Up to age 30) \$250 **

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

___ RRG ___ PG ___ Captive Manager ___ Reinsurer ___ Service Provider ___ Educational Inst.

RRG/PG:

What is your NAIC Number? _____

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? _____

Educational Institutions:

Describe your insurance industry curricula (e.g., actuarial sciences, risk management, underwriting, etc.) _____

*Collegiate Research Insurance Shadow Program

**Must be approved in advance by Executive Office.

PAYMENT ***

Annual dues amount: \$ _____ please pay via nrra.epaypolicy.com
(Please refer to chart on page one of this application or call NRRA Executive Director, Joseph E. Deems, at (818) 995-3274 with questions).

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: _____

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.*

*****IN ORDER TO ACTIVATE YOUR MEMBERSHIP PLEASE PAY VIA nrra.epaypolicy.com AND EMAIL YOUR MEMBERSHIP APPLICATION TO Membership@riskretention.org.**

Thank you for joining NRRA!