

Application for Membership

1. Company or Firm Name: _____ WAOIC# _____

2. Mailing Address: _____
P.O. Box or Street Address *Unit #*

City *State* *Zip Code*

3. Physical Address: _____
P.O. Box or Street Address *Unit #*

City *State* *Zip Code*

4. Telephone: _____ Website: _____

5. Firm Primary Contact: _____
Name *Title*

Email *Phone Number*

6. SLIP Administrator: _____
Name *Email*

7. Brief description of your operations (e.g. wholesaler, MGA, any specialty programs).
This is for our records and not shared with anyone.

9. Designated Voting Member at Annual Meeting (Resident Members Only):

10. Name and e-mail address for all (resident and non-resident) Washington Surplus Line Licensees in your Company:

Licensee

E-mail Address

Printed Name and Title: _____

Signature: _____ Date: _____

EXHIBIT A

MEMBERSHIP AGREEMENT

This document must be completed by the Surplus Line Licensee.

The undersigned, both individually and on behalf of the corporation named below, does hereby agree with the Surplus Line Association of Washington:

- I. To abide by each and every provision of the articles, the bylaws, and any rules adopted pursuant to Article VIII of the bylaws, including with limitation the indemnification obligations contained in such rules.

- II. To pay all dues assessed by the Board of Directors.

- III. To obey all state and federal laws, rules and regulations governing the business of the undersigned, and any corporation named below.

Dated this _____ day of _____ 20_____.

Individual Name (Print)

Individual Signature

Firm Name (Print)



APPLYING
FOR
MEMBERSHIP

SUBMIT

1. Brokerage Home State License
(if non-resident)
2. Signed Membership Agreement
and Application
3. Email documents to:
jackie@surpluslines.org

**Mailed applications will not be
accepted.*

Annual Membership Dues are for the term
September 1st – August 31st.

Members who join the Association after
March 1st will not be charged the Annual
Membership Dues in September of that same
year.

BEFORE YOU APPLY

The following information should be
verifiable on the Washington Office of
Insurance Commissioner's database:

1. Active Brokerage (firm) Surplus Line
Brokerage License
2. Active Broker (individual) Surplus Line
Broker License
3. Active Surplus Line Licensee Affiliation

APPROVAL

- The Board will review your
application at the next Board
Meeting.
- After approval, you will be
notified via email and your SLIP
Administrator will be sent login
instructions.
- You will be required to process
the Membership Fee payment of
\$100 via E-Payment before any
policies can be filed.