

**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* *Email*  
\_\_\_\_\_  
*Title* *Phone Number*

6. SLIP Administrator: \_\_\_\_\_  
*Name* *Email*

7. Accounting Contact: \_\_\_\_\_  
*Name* *Email*

8. 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:

<u>Licensee</u>	<u>E-mail Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

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:  
[courtney@surpluslines.org](mailto:courtney@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.