



# 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 four categories of NRRA membership: RRG/PG, Captive Manager, Reinsurer, and Service Provider. Please reference the Investment Schedule below to determine the appropriate membership category and annual dues investment. Questions? Call NRRA President Jennifer Williamson at (703) 297-0059.

## Investment Schedule

### RRG/PG

*(Membership includes the RRG/PG and all direct employees of the RRG/PG.)*

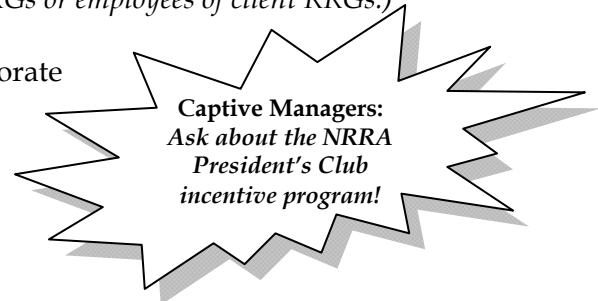
Annual Gross Written Premiums in Millions	Annual Corporate Dues
<input type="checkbox"/> \$0-\$5	\$1,500.
<input type="checkbox"/> \$5-\$10	\$2,000.
<input type="checkbox"/> \$10-\$25	\$2,500.
<input type="checkbox"/> \$25-100	\$3,000.
<input type="checkbox"/> \$100+	\$3,000.



### 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
Fewer than 5	\$1,750.
5-9	\$2,500.
10+	\$4,000.



### Reinsurer

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

Reinsurer Annual Corporate Dues \$5,000.

### 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 \$1,750.

**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? \_\_\_\_\_

**Captive Manager:**

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

**Service Provider:**

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

**Total investment amount: \$** \_\_\_\_\_

(Please refer to chart on page one of this application or call NRRA President, Jennifer Williamson at 703-297-0059 with questions).

**PAYMENT**

\_\_ Check Enclosed \_\_ Credit Card: \_\_ MasterCard \_\_ Visa \_\_ American Express

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

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

**Who may we thank for referring us 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 Contact Name:** \_\_\_\_\_

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

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

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

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

**Additional Contact Name:** \_\_\_\_\_

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

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

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

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

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

*Thank you for joining NRRA!*

National Risk Retention Association  
2214 Rock Hill Road, Suite 315  
Herndon, VA 21070  
703-297-0059