



# 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 Dues Investment Schedule below to determine the appropriate membership category and annual dues investment.

## Dues Investment Schedule

### RRG/PG

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

Annual Gross Written Premium in Millions

- \$0-\$5
- \$5-\$10
- \$10-\$25
- \$25-100
- \$100+

Annual Corporate Dues

- \$1,500
- \$2,000
- \$2,500
- \$3,000
- \$3,500



### 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

- \$1,750
- \$2,500
- \$3,500



### Reinsurer

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

Reinsurer Annual Corporate Dues \$3,500

### 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? \_\_\_\_\_

**PAYMENT**

**Total dues investment 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: \_\_\_\_\_

Cardholders 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 Contact Name #2:** \_\_\_\_\_

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

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

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

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

**Additional Contact Name # 3:** \_\_\_\_\_

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

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

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

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

*If you would like to add more than 3 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!**

National Risk Retention Association  
16133 Ventura Blvd., Suite 1055  
Encino, CA 91436  
800- 928-5809  
[www.riskretention.org](http://www.riskretention.org)