NRRA
NATIONAL RISK RETENTION ASSOCIATION

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 five categories of NRRA membership: RRG, PG, Captive Manager, Reinsurer, and Service Provider. Please reference the Annual Dues Schedule below to determine the appropriate membership category.

Annual Dues Schedule

(Effective 3-10-13)

Risk Retention Groups

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

Annual Gross Written Premium in Millions	Annual Corporate Dues
☐ $0-$5	$2,000
☐ $5-$10	$2,500
☐ $10-$25	$3,250
☐ $25-100	$4,000
☐ $100+	$4,500
☐ RRG in single state	$1,000

Purchasing Groups

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

☐ New Member	$350
☐ 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
☐ Fewer than 5	$2,500
☐ 5-9	$3,500
☐ 10+	$5,000

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 $2,500

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?_____

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?_____

PAYMENT

Annual dues 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: _____

Cardholder's 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 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.

Thank you for joining NRRA!

National Risk Retention Association
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800- 928-5809, www.riskretention.org