

AAIS All-Access Membership

Membership Application

Please complete and submit this application to American Association of Insurance Services, Inc. (AAIS), together with the appropriate Membership fee or a request for invoice, if required by your organization. Membership rights and privileges will not commence until a completed application has been accepted by AAIS and payment in full of all applicable membership fees has been received by AAIS.

Name of Applicant *(Company/Organization/Association)*

Address

City

State

ZIP Code

NAIC Company Code

NAIC Group Code *(if applicable)*

Business & Proxy Contact *(First and Last Name)*

Business Phone #

Email Address*

* - All legal and financial notices from AAIS to the member will be sent to this e-mail address unless the member directs otherwise.

Annual Renewal Date

AAIS Membership Fee

You are applying as an Insurer Member of AAIS. In calculating the appropriate fee when applying for Membership, AAIS will apply the referenced fee schedule and refer to direct written premium in your most recently completed fiscal year as reported to the NAIC. Members will be sent an invoice for subsequent years Membership fees prior to their annual renewal based upon the most current fee schedule as approved by the Board and direct written premium for your most recently completed fiscal year as reported to the NAIC.

By signing below, the applicant acknowledges and agrees that, when signed and accepted by AAIS, this application represents a binding contract between the parties and commits the applicant to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors and (ii) comply with all the terms and conditions of AAIS's Certificate of Incorporation, Bylaws, Terms of Membership and such rules and policies as the Board of Directors and/or committees may from time to time adopt, including but not limited to participation requirements applicable to specific classes of Membership. The applicant certifies that it meets the conditions of Membership (if any) specified in the Bylaws for the applicable Membership class.



Member Focused Advisory Solutions

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Applicant Authorization

AAIS Acceptance

American Association of Insurance Services,
Inc. (AAIS)

Insurer Name

Signature of Applicant

Signature of AAIS

Name

Name

Title

Title

Date

Date

