

NASBP Affiliate Application Checklist

Affiliate Application \Box

Membership Affidavit \Box

Home Office & Branch Office Contacts Form \Box

Affiliate Dues Check \Box

Send application materials to:

National Association of Surety Bond Producers Membership Department 7735 Old Georgetown Road, Suite 900 Bethesda, MD 20814 Phone: (240) 200-1282 Fax: (240) 200-1295



AFFILIATE APPLICATION

| Name of Firm: | | |
|--|-------------------------|---|
| Home Office Location: | | |
| Address 1: | Address 2: | Preferred Mailing Address |
| Street or PO Box | | r PO Box |
| City State Zip | City | State Zip |
| Telephone: () Fax: () | Website | e: |
| Please check one: | | |
| [~] 1. Surety Underwriting Company | | |
| Indicate one or more states within the United State | es of America in which | admitted to conduct surety business: |
| [~] 2. Managing General Agency (MGA) | | |
| List surety company and indicate one or more state | es within the United St | ates of America in which the surety company |
| represented is admitted to conduct surety business | : | |
| [~] 3. Reinsurance Company | | |
| Indicate one or more states within the United State | es of America in which | admitted to conduct reinsurance business: |
| [~] 4. Reinsurance Intermediary/Broker | | |
| If category 1 or 2 is checked, indicate last calendar year's total w (contract and commercial) U.S. \$ | ritten surety bond pren | niums |
| Please fill in the information below for the individual who will be | e the key (home office) |) contact. |
| Full Name: | | |
| Title: | Profess | ional Designations: |
| Phone No.: | | |
| E-mail Address: | | |
| Preferred Salutation: ~ Mr. ~ Mrs. ~ Ms. | | |
| Date of Birth:(Optional) | | |
| Preferred nickname for meeting badges: | | |
| Spouse's name for meeting badges: | | |
| Home Address: | | |
| City/State/Zip/Country: | | |
| Home Phone: (Optional) | | |

I UNDERSTAND AND AGREE that the National Association of Surety Bond Producers has the right to verify any of the information I have provided in this affiliate membership application, and that the Association may use the information provided in this application to determine my firm's eligibility for affiliate membership in the National Association of Surety Bond Producers

I UNDERSTAND FURTHER that completion of this application for affiliate membership in the National Association of Surety Bond Producers does not imply or assure the acceptance of my firm as an affiliate of the Association. *I also understand that compliance with the Bylaws, submission of the Membership Affidavit, and remittance of dues are conditions to and of affiliate membership.*

NOTE: SUBMISSION INFORMATION (please return the following documents)

- Completed signed and dated Application
- Completed signed and dated Membership Affidavit
- Completed Home Office & Branch Office Contacts Form
- Affiliate Fees Check

| Firm Name | Signature of Principal | | |
|------------------------------|------------------------|------|---|
| By: Principal's Name (Print) | Title | Date | e |

Please mail your signed application and other materials to:

National Association of Surety Bond Producers Membership Department 7735 Old Georgetown Road, Suite 900 Bethesda, MD 20814 Phone: (240) 200-1282 Fax: (240) 200-1295

We look forward to serving you as a Member of NASBP.



MEMBERSHIP AFFIDAVIT

A principal or officer of each applicant for membership must read, sign and date this affidavit and return it to the NASBP Membership Department along with other completed application materials.

I HEREBY AFFIRM THAT:

- (a) I am an officer or principal of my firm and I possess the authority to make this Affidavit; and
- (b) No current officer, owner, partner, manager, director or managing director of the firm has been charged with and duly convicted of a felony involving theft, conversion or fraud, including consumer, wire or mail fraud, in the performance of surety business or other business endeavors.

| | National Association of Surety Bond Producers Membership Department 7735 Old Georgetown Road, Suite 900 Bethesda, MD 20814 Phone: (240) 200-1282 Fax: (240) 200-1295 | |
|-------------------|--|--|
| | Please mail your signed materials to: | |
| Print Name/Title: | | |
| Signature: | Date: | |
| Firm Name: | | |

We look forward to serving you as a Member of NASBP.



NASBP INDIVIDUAL MASTERFILE QUESTIONNAIRE

Please make copies of this form before completing and return one form to NASBP for each individual that you wish to add to your membership roster.

| Full Name: | | | | | |
|---|---------------------------------|--|-----------------|-----|----|
| Title: Professional Designation | | | | | |
| E-mail Address: | | | | | |
| Salutation: | Mr. | Mrs. | Ms. | | |
| Date of Birth:/ (Optional) | / | | | | |
| Are you the Key Contac | t for NASBP | ? | | YES | NO |
| Are you the Governmen for grass roots ac and regulatory m If not, please provide NAS | tivities on leg atters impac | gislative ting surety? | ons Contact: | YES | NO |
| Full Name: | | | | | |
| E-mail Address: | | | | | |
| Add your name to NASI | BP mailing li | st? | | YES | NO |
| Add your name to the fir membership dire | 0 | n NASBP | | YES | NO |
| Preferred nickname for | · NASBP mee | eting badges: _ | | | |
| Spouse's name for NAS | BP meeting b | adges: | | | |
| Home Address: | _ | | | | |
| Home Phone: | _ | | | | |
| | Please mail | your signed mater | rials to: | | |
| | Membe 7735 Old Geo Bethe | on of Surety Bon ership Departmen orgetown Road, S esda, MD 20814 0-1282 Fax: (240 | nt Suite 900 | | |
| We look : | forward to ser | ving you as a M | ember of NAS | BP. | |

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AFFILIATE DUES PRICE STRUCTURE THIS IS NOT AN INVOICE

The Affiliate dues price structure is subject to indexing for inflation. Affiliate dues are based on the total surety premiums written for the previous membership year. NASBP bylaws stipulate that every NASBP Affiliate shall each pay a membership investment to the Association as shown below, in order to remain in good standing and to obtain membership.

AFFILIATE DUES PRICE STRUCTURE (Domestic)

| | DUES |
|---|----------|
| 20 total written surety premiums greater than \$100 million | \$11,146 |
| 20 total written surety premiums of \$20 million to \$100 million | \$8,917 |
| 20 total written surety premiums less than \$20 million | \$5,573 |

AFFILIATE DUES PRICE STRUCTURE (International)

| | DUES |
|--|---------|
| International with 20 total written surety premiums greater than \$100 million | \$5,573 |
| International with 20 total written surety premiums of \$20 million to \$100 million | \$4,458 |
| International 20 total written surety premiums less than \$20 million | \$2,786 |

Member dues and affiliate fees paid to NASBP may be deductible as an ordinary and necessary business expense. However, they are not deductible as a charitable contribution. Please consult your tax advisor for more specific information or assistance. Under the Omnibus Budget Reconciliation Act of 1993, that portion of membership dues and fees used for lobbying is not deductible. It is estimated that __% of membership dues and affiliate fees will be used to fund NASBP's lobbying activities in 20__.