



SERVICE MEMBER APPLICATION

Thank you for your interest in joining the Wholesale & Specialty Insurance Association (WSIA). The information included in this application will be reviewed by WSIA's Membership & Ethics Committee and must be approved by the WSIA Board of Directors as required by the Association's bylaws. All information provided in the application is confidential among the WSIA team, Membership & Ethics Committee and Board of Directors. Submission of this application does not constitute automatic acceptance of membership.

Definition

A Service Member is an individual, firm or organization that does not qualify for voting membership, but supplies services to voting members and supports the U.S. wholesale insurance distribution system. This category shall include, but is not limited to, consultants, inspection firms, law firms, media, and other professional associations, software vendors, Stamping Offices, Surplus Lines Associations and third party administrators.

Required Criteria

- Experience operating under its current ownership and management for at least two years.
- Supplies valid services to voting members and is not eligible for another membership category.
- Demonstrate support of the U.S. wholesale insurance distribution system.
- Obtain two references from current WSIA voting member firms.

Section 1 – General Information

1. Applicant Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Web Site _____

Applicant Firm is: Sole Proprietorship Partnership Corporation Other

Total Number of Employees _____

2. Applicant Firm's Primary Contact Name & Title – The person that should be contacted for any membership questions and will be responsible for maintaining and updating membership information.

Name _____ Title _____

Telephone _____ Email _____

The following contacts will be used for targeted email messaging that is related to job function.

Chief Executive Officer _____ Email _____

Chief Financial Officer _____ Email _____

Regulatory Compliance Contact _____ Email _____

Marketing Contact _____ Email _____

Human Resources/Training Contact _____ Email _____

Technology Contact _____ Email _____

Membership Dues/Billing Contact _____ Email _____

3. Has your firm operated in the wholesale insurance industry under its current ownership and management for at least two years?

Yes No

Please provide the date your firm established its operation.

Date _____

4. Please check if any of the following applies to your firm.

- Consultant
- Financial Services
- Law Firm
- Media
- Other Professional Association
- Premium Finance Company
- Software Vendor
- Stamping Offices/Surplus Lines Association
- Third Party Administrator
- Other _____

5. Describe your firm's business activities and how it provides support to wholesale insurance distribution system.

6. Does your firm have additional offices besides the one listed above that you would like to have listed in WSIA's membership database? If yes, please provide the following information for additional each office.

Branch Office Name _____ Phone _____

Fax _____ Street Address _____

City _____ State _____ Zip _____

Branch Office Name _____ Phone _____

Fax _____ Street Address _____

City _____ State _____ Zip _____

If you have additional locations to include, please attach a separate list.

7. Please provide a list of all associations of which your firm is a member.

8. Please provide the titles of principle officers in your firm who work directly with WSIA members.

Name	Title	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Has your firm or any partner, officer, director, shareholder, employee or consultant:

- Ever had an insurance license refused, suspended, or revoked in any state?
 Yes No
- Ever been convicted of forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, and other felony or any other crime involving moral turpitude?
 Yes No
- Had any agency contract been cancelled for cause?
 Yes No

If yes, to any of the above questions, please explain.

Please forward the reference form to your two selected WSIA **voting** member firms so they may be completed **by an executive officer or principal of those firms**. The WISA voting member should email the form to info@wsia.org. Reference forms must be submitted to WSIA voting members who know you in your current business capacity. A WSIA voting member is a Wholesale Member, Insurance Market Member, or Associate Member. WSIA Service Members may not be used as references. WSIA membership will not be approved until the above completed reference forms are received at the WSIA office.

The Membership & Ethics Committee or Board of Directors, from time to time, may request members to prepare and deliver a new application for the purpose of facilitating the review and reaffirmation of member's eligibility.

WSIA CODE OF ETHICS

Members of the Association agree:

1. To regard the business of wholesale and specialty insurance as a unique opportunity to provide an essential service to the public.
2. To maintain high professional standards of conduct, integrity and service.
3. To exercise the utmost good faith in dealing with each other, their business partners and their clients.
4. To compete fairly and honorably in the marketplace.
5. To be governed by the spirit of cooperation and exchange of ideas with fellow members to support and advance the surplus lines market and the wholesale and specialty insurance distribution system.
6. To comply with all applicable state and federal insurance laws and regulations, maintain necessary licenses and immediately notify Wholesale & Specialty Insurance Association of any suspensions, revocation or termination of such licenses.

In making this application for membership to WSIA, I do declare the facts given herein are true to the best of my knowledge. I further declare compliance with the membership requirements and I have read and agree to comply with WSIA's code of ethics.

Signed _____

Title _____ Date _____

Note: Membership dues will be collected after the application is approved by the WSIA Board of Directors.