



WHOLESALE MEMBER APPLICATION

A Wholesale Member is a sole proprietor, partnership, or corporation licensed to do business in California as an agent-broker, surplus line broker, or special lines surplus lines broker who is predominantly and actively engaged in the business as a wholesaler of insurance, and who obtains the majority of such business from non-affiliated sources.

Company: _____

Street: _____ City: _____ ST: _____ Zip: _____

Mailing Address (if different): _____

Telephone: _____ FAX: _____ Web: _____

Contact Person(s) For Your Firm: _____

Direct Phone or Extension: _____ Email _____

Taxpayer ID # _____ CA License # _____

During the past 2 years, has your firm acquired or merged with another firm, or changed its name? Please explain or mark n/a:

Is your firm engaged in, owned by, associated with, or controlled by another company? Please explain or mark n/a:

Are you engaged in any other business? Please explain or mark n/a:

What percentage of your business is received from wholesalers? _____

What percentage of your business is received from retailers? _____

What percentage of your business is conducted directly with the customer or applicant? _____

What percentage of your business is written in nonadmitted insurers? _____

What percentage of your business is received from affiliated organizations? _____

List of primary markets: _____

Briefly describe your business: _____

Are You A Member Of: ___ NAPSLO ___ AAMGA ___ OTHER_____

Has any member of your firm or a related firm been subjected to any disciplinary action by any State Insurance Department or other regulators? Please explain or mark n/a:

List owners and percentage of ownership:

Name	Title	Percentage of Ownership

Number of employees _____

Members of CIWA we may contact about your firm? _____

Please return this form with annual membership dues of \$575.00, plus copy of your license (s). Membership expires June 30, 2012.

Signature _____ Date _____

Print Name and Title: _____

PAYMENT OPTIONS

Visa Master Card Am Express Check (payable to CIWA) # _____

Card No. _____ VCode _____

Name of Cardholder _____ Exp. Date _____

Billing Add _____ City _____ ST _____ Zip _____

Signature (required) _____