



CALIFORNIA INSURANCE WHOLESALERS ASSOCIATION

950 Glenn Drive, Suite 150 • Folsom, CA 95630

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## 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 5 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: \_\_\_\_\_

CONTINUED

# WHOLESALE MEMBER APPLICATION CONTINUED

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 \$550, plus copy of your license (s). Membership expires June 30, 2009.**

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 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (required): \_\_\_\_\_