



# Florida Surplus Lines Association

## APPLICATION FOR ASSOCIATE MEMBERSHIP

1. COMPANY OR FIRM NAME: \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

4. CONTACT PERSON: \_\_\_\_\_

5. BRIEF DESCRIPTION OF THE NATURE OF YOUR OPERATIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. LIST 3 SURPLUS LINES AGENCIES REPRESENTING YOU IN FLORIDA  
(answer only if you are an Insurance company)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7. MEMBER OF : F.A.I.A. \_\_\_\_\_ N.A.P.S.L.O. \_\_\_\_\_

P.I.A. \_\_\_\_\_ A.A.M.G.A. \_\_\_\_\_

PLEASE INCLUDE YOUR CHECK FOR \$750 (Membership \$650.00, SURPAC \$100.00), PAYABLE TO FLORIDA SURPLUS LINES ASSOCIATION.

\_\_\_\_\_  
Print name & title

\_\_\_\_\_  
Signature