

MEMBER INFORMATION FORM

1. Excess Line License No.: EX-_____ a. (member number)
2. Type: CORPORATION []; PARTNERSHIP []; INDIVIDUAL [];
1. LIMITED LIABILITY COMPANY [].
3. Name: _____
4. License Address: _____

_____ ZIP _____

NOTE: ALL OFFICIAL CORRESPONDENCE MUST BE MAILED TO YOUR LICENSE LOCATION. IF YOU WISH US TO MAIL BATCHES, REPORTS AND INVOICES TO OTHER LOCATIONS, PLEASE INDICATE THE ADDRESS(ES) BELOW.

- | | |
|------------------|---------------------|
| 5. Batches: | Reports & Invoices: |
| Attention: _____ | Attention: _____ |
| Mailing: _____ | Mailing: _____ |
| *Address: _____ | *Address: _____ |

**If different from license address*

6. Telephone: Area () _____
Facsimile Area () _____
Email Address: _____
7. Name of Designated Representative: _____

Authorized Signature

Title

Date