



UTAH CAPTIVE ASSOCIATION MEMBERSHIP APPLICATION

Persons Name _____

Company Name _____

Address _____

Telephone _____ Fax _____

E-mail _____ Website Address _____

- | | |
|---|--|
| <input type="checkbox"/> Actuarial | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Agent & Broker (Producer) | <input type="checkbox"/> Loss Control Services |
| <input type="checkbox"/> Banking & Investment | <input type="checkbox"/> Reinsurance Company |
| <input type="checkbox"/> Claims Management | <input type="checkbox"/> Reinsurance Intermediary |
| <input type="checkbox"/> Fronting Insurance Company | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Independent Auditors | <input type="checkbox"/> Specialized Products & Services |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Trade Associations |
| <input type="checkbox"/> Insurance Accounting | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Insurance Consulting | <input type="checkbox"/> Regulating Authority |
| <input type="checkbox"/> Insurance Program Management | <input type="checkbox"/> TPA |
| <input type="checkbox"/> Insurance Managing General Agent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Insurance Managing General Underwriter | _____ |
| <input type="checkbox"/> Captive Owner | |

Date your company was organized _____

Years the person named has been directly involved in the Captive/RRG Industry: _____

Are you affiliated or a member of any corporate group or structure Yes No If yes, explain:

What other industry Associations are you or your firm currently a member: (abbreviations OK)

Please note your principal purpose for joining this Association? _____

Date: _____ Signed: _____

Utah Captive Association, Inc. 405 So. Main St. #1200, Salt Lake City, UT 84111

Membership: Captives and RRG - \$100.00

Service Providers - \$200.00

