



**International Claim Association®**  
LEADING THE WAY IN CLAIM EXCELLENCE

1155 15th Street, NW, Suite 500  
Washington, DC 20005  
T: 202.452.0143  
F: 202.530.0659  
W: www.claim.org

# Corporate Membership Application

PLEASE PRINT OR TYPE

## CONTACT / CORRESPONDING OFFICER

NAME \_\_\_\_\_ DESIGNATIONS:  ALHC  FLHC  OTHER \_\_\_\_\_  
TITLE \_\_\_\_\_  
PHONE (direct) \_\_\_\_\_ FAX (direct) \_\_\_\_\_  
E-MAIL \_\_\_\_\_

## COMPANY INFORMATION

FULL COMPANY NAME (no abbreviations) \_\_\_\_\_  
MAILING NAME (if different from above) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
WEBSITE \_\_\_\_\_  
DATE & PLACE OF INCORPORATION \_\_\_\_\_ DATE COMMENCED BUSINESS \_\_\_\_\_  
RANKING OFFICER NAME/TITLE \_\_\_\_\_  
NAME OF SOLE OR CONTROLLING STOCKHOLDER(S), IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
NAME OF AFFILIATED COMPANIES, IF ANY: \_\_\_\_\_  
\_\_\_\_\_

## TYPE OF BUSINESS

Life Insurance ( Individual/ Group)       Health Insurance ( Individual/ Group)       BC/BC       HMO       TPA       PPO  
 Disability Insurance ( Individual/ Group)       Reinsurance       Other \_\_\_\_\_  
LICENSED IN:  
States/Provinces: \_\_\_\_\_  
Countries: \_\_\_\_\_

## CORPORATE MEMBERSHIP (ANNUAL DUES: \$800)

Please Note: All applications for membership are subject to approval by the ICA Membership Committee.

*I certify that I am authorized to act on behalf of the Company and that, if accepted as a member of the International Claim Association, the Company and its claim personnel will subscribe to the ICA Statement of Principles and Statement of Object and Purpose.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
NAME (PRINT OR TYPE) \_\_\_\_\_ TITLE \_\_\_\_\_  
HOW DID YOU LEARN ABOUT ICA? \_\_\_\_\_

## METHOD OF PAYMENT: CHECK      CREDIT CARD: AmEx      MC      VISA

ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
CARDHOLDER (PRINT) \_\_\_\_\_  
CARDHOLDER'S BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PLEASE SUBMIT WITH APPLICATION:

A check or credit card payment for annual dues (U.S. currency) payable to "International Claim Association" and send to:

Christopher M. Murphy, *Executive Director*

**International Claim Association**

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CORPORATE MEMBERSHIP — APPLY TODAY!