



THE SURETY & FIDELITY ASSOCIATION OF AMERICA

THE SURETY & FIDELITY ASSOCIATION OF AMERICA
1140 19th Street - Suite 500
Washington, D. C. 20036
Phone: (202) 463-0600
Fax: (202) 463-0606
Web page: www.surety.org

APPLICATION

Application Type (Choose one)

Individual Company

Company Name _____ NAIC No. _____

Add company(ies) to existing SFAA Group:

Company Name _____ NAIC No. _____

Company Name _____ NAIC No. _____

Group NAIC No. _____ Group Name: _____
(Please attach a separate sheet if additional space is required.)

Group of Companies

Group NAIC No. _____

Company Name _____ NAIC No. _____

Company Name _____ NAIC No. _____

Company Name _____ NAIC No. _____

Company Name _____ NAIC No. _____
(Please attach a separate sheet if additional space is required.)

Please indicate the Group Name that you wish to identify your group for SFAA membership purposes:

Foreign Affiliate

Company Name _____

Surety/Fidelity Office Mailing Address:

Phone _____ Fax _____ E-mail _____

The Surety & Fidelity Association of America
Application
Page Two

In order to be eligible for membership, each entity must be licensed to write Fidelity and/or Surety in at least one United States jurisdiction. (Applicable to individual companies, as well as each entity within a group application). Please indicate where your company is licensed to write Fidelity and/or Surety business. **Note: This requirement does not pertain to an alien company applying to become a foreign affiliate.**

A. All states, District of Columbia and Puerto Rico: Fidelity Surety

B. Only jurisdictions indicated below. Use an "X" to indicate both Fidelity and Surety, an "F" for Fidelity only and an "S" for Surety only.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Wyoming |

A.M. Best Rating (Or other nationally recognized rating organization): _____

If not rated, please provide brief explanation: _____

Treasury Listed? _____ YES _____ NO

Name(s) of Manager(s) responsible for Fidelity/Surety business:

- 1.
- 2.
- 3.

The Surety & Fidelity Association of America
Application
Page Three

Required Attachments:

- Biographical paragraph for each of the above-referenced managers.
- Annual Statements for the last **four** years. (If applying for group membership, Statements for all companies licensed to write Property/Casualty business within the NAIC group, regardless of whether or not all of the individual entities are included in this application, are to be provided.) Note: For purposes of assessment calculation, "Member" is defined as all companies comprising a group of associated and affiliated companies under the operation of the same management.
- Mailing List Form. Please note that the mailing list form lists all categories of mailings. Please be sure to contact the Membership Department of The Surety & Fidelity Association of America whenever name and/or address changes are required. You may list the same contact for all categories.

Signature of Applicant _____

Name (please print) _____

Title (please print) _____

Date _____

E-Mail _____

Please submit application to:

Membership Department
The Surety & Fidelity Association of America
1140 9th Street, NW – Suite 500
Washington, DC 20036

FAX: 202-463-0606
e-mail: eodonnell@surety.org

Note Regarding Membership:

The Bylaws of The Surety & Fidelity Association of America require that written notice of a member's intent to withdraw be provided a minimum of 90 days prior to the end of the calendar year preceding the effective date of withdrawal. All member privileges and obligations remain in effect until the effective date of the member's withdrawal.

FOR STAFF USE ONLY

Application Approved: _____

Board Meeting: _____

Revision date: January 2016

SFAA Contact List Form

Please complete this form for all categories in which you want your company to receive communications from The Surety & Fidelity Association of America. Please print or type and return by fax to (202) 463-0606.

MEMBER COMPANY OR GROUP NAME _____

Person to Receive Annual Assessment _____

Address _____

City/State/Zip _____

Phone _____ **Fax** _____ **e-mail** _____

CHIEF BONDING OFFICER **NOTE:** It is important that you designate a Chief Bonding Officer, as SFAA sends all communications to this individual.

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ **Fax** _____ **e-mail** _____

FIDELITY

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ **Fax** _____ **e-mail** _____

CONTRACT SURETY

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ **Fax** _____ **e-mail** _____

COMMERCIAL SURETY

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ **Fax** _____ **e-mail** _____

FIDELITY CLAIMS

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____ e-mail _____

SURETY CLAIMS

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____ e-mail _____

STATISTICAL DEPARTMENT CONTACT PERSON

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____ e-mail _____

FILING STATUS REPORTS

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____ e-mail _____

Date completed or revised _____

Name of person submitting form _____

Phone _____ Fax _____ e-mail _____

***The Surety & Fidelity Association of America
1140 19th Street, N.W., Suite 500
Washington, DC 20036-6617
(202) 463-0600 / (202) 463-0606
www.surety.org***