



Membership Application

We hereby apply for membership in the Insurance Committee for Arson Control (ICAC).

3601 Vincennes Road
Indianapolis, IN 46268
(317) 876-6226
Fax: (317) 879-8408
www.arsoncontrol.org

Please check type of company:

- Mutual
- Reciprocal
- Stock
- Association
- Other _____

Company _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Phone _____

Fax _____

E-mail *(Main Correspondent)* _____

Main Correspondent _____

Title _____

Company President/CEO *(if different from above)* _____

Title _____

A.M. Best # _____

What are your primary lines of business? *(Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Personal Auto | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Excess and Surplus |
| <input type="checkbox"/> Non-Standard Auto | <input type="checkbox"/> Fidelity & Surety |
| <input type="checkbox"/> Property | <input type="checkbox"/> Credit/A&H |
| <input type="checkbox"/> Commercial Casualty | <input type="checkbox"/> Reinsurance |
| <input type="checkbox"/> Commercial Auto | |
| <input type="checkbox"/> Other _____ | |

List other companies in your group. *(If applicable.)* _____

Why have you chosen to join ICAC? _____

Contribution or gifts to ICAC are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments to ICAC are deductible by members as an ordinary and necessary business expense.

For Office Use Only

Member Number _____

Date Approved _____

Other national or state insurance associations to which your company belongs?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> International Association of Arson Investigators (IAAI) | <input type="checkbox"/> Other national or state associations: _____ |
| <input type="checkbox"/> International Association of Special Investigative Units (IASIU) | _____ |
| <input type="checkbox"/> National Fire Protection Association (NFPA) | _____ |

Signed _____

Title _____

Date _____