



# Idaho Surveying & Rating Bureau, Inc.

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**Corey R. Ries**

Secretary-General Manager

## AFFILIATION APPLICATION

Please note the instructions and explanations on the back

The undersigned insurer hereby makes application for affiliation with the Idaho Surveying and Rating Bureau, Inc. A separate application and agreement is required for **each** affiliated company. A single application for a group is **not** acceptable.

NAME OF COMPANY \_\_\_\_\_ N.A.I.C. Code Number \_\_\_\_\_

HOME OFFICE ADDRESS \_\_\_\_\_

THIS COMPANY IS AFFILIATED WITH THE FOLLOWING GROUP \_\_\_\_\_ GROUP N.A.I.C. Code Number \_\_\_\_\_

**Note:** All companies in a group that operate in Idaho for property insurance are required to affiliate.

**TYPE OF AFFILIATION:**      Member                                  Subscriber

Check only one type affiliation.

**FILING AUTHORIZATION:** The above-named company hereby authorizes the Idaho Surveying & Rating Bureau, Inc. to make the following type of filings on their behalf. Check only one of the following.

- |                        |                   |                              |                        |
|------------------------|-------------------|------------------------------|------------------------|
| Loss Costs only (1)    | Rules Only (2)    | Forms Only (3)               | Loss Costs & Rules (4) |
| Loss Costs & Forms (5) | Rules & Forms (6) | Loss Cost, Rules & Forms (7) | None (8)               |

This company can amend this filing authorization at any time in writing.

**PRINCIPAL REPRESENTATIVE** (Only if affiliation type is for member) The principal Representative is designated as the person authorized by the company to act in all matters pertaining to the business of the Idaho Surveying & Rating Bureau, Inc.

### PRINCIPAL REPRESENTATIVE (Member Only)

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

### PREMIUM REPORT FORMS TO BE MAILED TO

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

### ASSESSMENT NOTICES TO BE MAILED TO

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

### NOTICES & PUBLICATIONS (Subscriber Only)

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Application will be signed via DocuSign by an executive officer of the insurer after application is reviewed.

Complete ONLY fillable areas and email to [egarza@isrb.com](mailto:egarza@isrb.com)

## INSTRUCTIONS AND EXPLANATIONS

<b>N.A.I.C. Code Number</b>	This number is used internally by the Association to identify individual insurers.
<b>GROUP NAME</b>	The Articles of Incorporation (Article VI) require that if one company in a group affiliates, then all companies operated under common ownership, management, or control must also be affiliated with the Association. This will apply only to companies doing property insurance business in the State of Idaho. Also, the rules allow for all companies in a group to be assessed as a single entity if they submit premium reports as a single entity.
<b>TYPE OF AFFILIATION</b>	<p>Affiliation with the Association, regardless of type is voluntary.</p> <p><u>Membership</u> is open to all insurers holding an Idaho Certificate of Authority (license) for property insurance.</p> <p><u>Subscribership</u> is open to all insurers regardless of Certificate of Authority (license) as long as the business of property insurance is conducted in accordance with <u>Idaho Code</u>. Companies holding Certificate of Authority (license) may affiliate as subscribers if they do not wish to participate in the management of the Association</p> <p><u>Differences in types of Affiliation:</u> Members have a vote during the membership meetings and are eligible to have a representative serve on the Board of Directors. The costs and services are the same regardless of affiliation type selected. However, the Bylaws of the Association make it more difficult to become a member and more difficult to resign a membership.</p>
<b>FILING AUTHORIZATION</b>	The agreement (both for members and subscribers) cover the fact that filing authorization can be changed at any time in writing.
<b>PRINCIPAL REPRESENTATIVE (Members Only)</b>	The principal representative is the person with the full power and authority to act for and bind the member company(ies) he or she represents in all matters and things relating to the affairs and business of the Association. The principal representative is the only person authorized to vote at membership meetings or to sign a proxy for a meeting. A group of companies can have only one principal representative. This person is critical to the operation of the Association. Please let us know who will represent your company in this capacity.
<b>PREMIUM REPORT FORMS</b>	Once a year, we ask that the company (ies) provide the Association with reports of written premium. These reports are used for assessment purposes. Please let us know the person responsible for completion of these reports.
<b>ASSESSMENT NOTICES</b>	These are the assessment billings for the services of the Association. Please let us know the person responsible for payment of these bills.
<b>NOTICES AND PUBLICATIONS (Subscribers Only)</b>	The subscribership agreement requires an email address and a mailing address for use by the Association in forwarding notices and publications. This address is also use for any Executive Circulars. Please use this space to provide that information.