

Applicant (Individual Representative)

ATLANTIC CLAIM EXECUTIVES ASSOCIATION

MEMBERSHIP APPLICATION

| 2, | a duly chartered property and/or casualty insurance company in the, hereby apply for a membership in the ACEA as a: |
|---------------------|---|
| | Member Associate Member (requirements on page2) |
| Name: | |
| Title: | |
| Street or P.O. Box: | |
| City: | State: ZIP: |
| Phone: | Email: |
| Background: | |
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You may submit the application online at: http://www.atlanticclaimexecutives.com

ACEA

ATLANTIC CLAIM EXECUTIVES ASSOCIATION

MEMBERSHIP APPLICATION

Membership

1. <u>Members</u> – Members shall be the most senior claim executive or his / her designate, of a property / casualty insurance or reinsurance company, third party administrator, managing general agent or a corporate self-insurer who has the claim responsibility for the following states, hereinafter referred to as "Atlantic States":

South Carolina Louisiana New Jersey Alabama Tennessee Connecticut Maine New York Vermont North Carolina Maryland & D.C. Delaware Virginia Florida Massachusetts Pennsylvania Rhode Island W. Virginia Georgia Mississippi New Hampshire Kentucky

2. <u>Associate Members</u> – Associate members shall be comprised of junior claim executives or other claim professionals of a property / casualty insurance or reinsurance company, third party administrator, managing general agent or a corporate self-insurer, that are domiciled either in or out of the designated Atlantic States whose responsibility includes jurisdiction over claims operations for their company within those states.