



National Association of
Professional Surplus Lines
Offices, Ltd.

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**MEMBERSHIP APPLICATION REFERENCE FORM
(TO BE COMPLETED BY FIRM'S EXECUTIVE OFFICER OR PRINCIPAL)**

TWO (2) REFERENCES REQUIRED – THIS FORM MAY BE PHOTOCOPIED

Applicant Firm Name

Applicant Contact

Address

City

State/Zip

NAPSLO member references must be completed by a NAPSLO voting member. A NAPSLO voting members is a wholesale broker, company or underwriting manager member of NAPSLO. NAPSLO associate members may not be used as references.

Reference Name

Title

(EXECUTIVE OFFICER OR PRINCIPAL)

Firm Name

NAPSLO Membership No.

Address

City

State/Zip

Telephone

E-Mail

1. How long have you known the Applicant Firm?

Comments

2. What is your relationship to the Applicant Firm?

3. To the best of your knowledge is the Applicant Firm properly authorized/licensed to transact business? Yes No

Comments

4. Do you feel this the Applicant Firm would be an asset as a member of NAPSLO? Yes No

Comments

5. Do you know of any specific issues that would preclude the Applicant Firm from membership in NAPSLO? Yes No

Comments

6. Do you have any additional comments to support the Applicant Firm's membership in NAPSLO?

7. Do you recommend the Applicant Firm for membership in NAPSLO? Yes No

Signature

Date