

ASSOCIATION PROFILE FORM

Name of Association: _____

Contact Name: _____

Address: _____

State / Zip: _____

Telephone: (_____) _____

Email: _____

Website: _____

State of Incorporation: _____ Date of Original Incorporation: _____

Number of Member Companies: (list by state if multiple states are involved) _____

Average Number of Eligible Employees per Member Company: _____

ATTACHMENTS REQUIRED:

1. Copy of signed constitution and by-laws
2. List of members by state
3. Copy of Membership Application and/or Agreement
4. Brochure of membership benefits offered to association members

**ASSOCIATIONS MUST BE APPROVED BY BOTH THE CARRIER
AND THE STATE OF ISSUE.**

**ASSOCIATIONS MUST BE ORGANIZED AND MAINTAINED FOR PURPOSES
OTHER THAN OBTAINING INSURANCE.**

Complete Form with attachments and mail or fax to:

**Eagle Administrators Inc.
P.O. Box 308
Ashland WI 54806
(800) 769-6019
FAX (715) 682-9053**