

Membership Registration: Financial Responsibility Sub-committee

Environmental Risk Resources Association



Membership Information:

Name/Office _____

Professional Designations _____

Title/Position _____

Company _____

Address _____

City _____ State/Country _____ Zip/ mailing code _____

Telephone(____) _____ Fax-(____) _____

E-mail _____

The "members only" section on the website www.armr.net requires a login name and password.
Please choose a login name and password for yourself.

Login name _____ password _____

Memberships Offered

(Please select one)

Individual Membership - \$225.00/year

Office Membership - \$1000.00/year – (Six office members/office membership)

Name _____ email _____

Name _____ email _____

Name _____ email _____

Name _____ email _____

Name _____ email _____

Name _____ email _____

Individual's Business

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Actuary |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Broker/Agent |
| <input type="checkbox"/> Claims Examiner | <input type="checkbox"/> Regulator |
| <input type="checkbox"/> Environmental Consultant | <input type="checkbox"/> Managing General Agent |
| <input type="checkbox"/> Lender | <input type="checkbox"/> Reinsurance Broker |
| <input type="checkbox"/> Reinsurer | <input type="checkbox"/> Environmental Underwriter |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Other Underwriter |
| <input type="checkbox"/> Financial Responsibility | |

Lines of Coverage

- | | |
|---|---|
| <input type="checkbox"/> Site Liability | <input type="checkbox"/> Cost Cap |
| <input type="checkbox"/> Contractors Pollution | <input type="checkbox"/> General Practitioner |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Property Insurance |
| <input type="checkbox"/> Surety Bonds | <input type="checkbox"/> Other_____ |

Classes of Business

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Lenders | <input type="checkbox"/> Consultants/Engineers |
| <input type="checkbox"/> Contractors | <input type="checkbox"/> Manufactures |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Merger & Acquisitions |
| <input type="checkbox"/> Transporters | <input type="checkbox"/> Other_____ |

Method of Payment:

- CHECK (Make payable to Environmental Risk Resources Association, ERRA)
- CREDIT CARD
- VISA** **MASTERCARD** **AMERICAN EXPRESS**

Card Holder Name _____

Card Number _____ Expiration Date_____

Send registration to:

Environmental Risk Resources Association
4901 Pine Cone Circle, 2nd Floor Middleton, WI 53562-4061

Fax to:
608-798-1013

Register online!
www.erraonline.org

ERRA is a nonprofit organization