



# Property & Liability Resource Bureau

## Application for Membership PLRB Liability Services

The undersigned insurer applies for Liability Services Membership in the Property & Liability Resource Bureau effective \_\_\_\_/\_\_\_\_/\_\_\_\_. If accepted as a member of the association, this insurer agrees to be bound by the association's Articles of Incorporation and Bylaws (copies of which have been received) as they now stand and may later be amended in accordance with their terms. This insurer notes that distribution or other dissemination of the association's materials, information, or opinions beyond the employees of the insurer without the express permission of the association is prohibited by the Bylaws. The insurer acknowledges that withdrawal of membership requires one-year notification.

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Insurer Name

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Name of authorized officer

Title of authorized officer

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Signature of authorized officer

Date