

Please CHECK one:

- New
- Renewal

NORTH CAROLINA INSURANCE CRIME INFORMATION EXCHANGE

APPLICATION FOR MEMBERSHIP

YOU ARE INVITED TO JOIN THE NORTH CAROLINA INSURANCE CRIME INFORMATION EXCHANGE (NCICIE). THE OBJECTIVE OF THE ORGANIZATION IS THE DETECTION, DETERRENCE AND PREVENTION OF INSURANCE RELATED CRIME. IT IS A NON-PROFIT SUPPORT ORGANIZATION TO THE INSURANCE INDUSTRY, LAW ENFORCEMENT, AND FIRE SERVICE. **ANNUAL MEMBERSHIP FEE IS \$25.00 FOR THE FIRST YEAR AND \$20.00 FOR CONTINUOUS MEMBERSHIP EACH YEAR THEREAFTER.** MEMBERSHIP YEAR BEGINS ON JANUARY 1 AND ENDS ON DECEMBER 31 OF EACH CALENDAR YEAR.

MAKE CHECKS PAYABLE TO: NCICIE PO BOX 2583, SOUTHERN PINES, NC 28388-2583

Dues for LAW ENFORCEMENT and FIRE SERVICE PERSONNEL are waived.

APPLICANT INFORMATION:

NAME: _____
(LAST) (FIRST) (MI)

EMPLOYER / ORGANIZATION: _____

BUSINESS ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

POSITION / JOB TITLE: _____ EMAIL: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

(*PUBLIC SAFETY ONLY) Gender: _____ DOB: ___ / ___ / ___ SS# - Last 4: _____

CHECK HERE IF YOU DO NOT WISH TO HAVE YOUR INFORMATION INCLUDED ON THE NCICIE WEBSITE DIRECTORY

SPONSORSHIP INFORMATION: (MUST BE COMPLETED IF REQUIRED)

ACCORDING TO THE BY-LAWS, A PERSON WHO IS NOT EXCLUSIVELY EMPLOYED BY AN INSURANCE COMPANY OR WHO IS NOT A MEMBER OF LAW ENFORCEMENT OR OTHER EMERGENCY SERVICES MUST BE SPONSORED BY A MEMBER INSURANCE COMPANY. PEOPLE WHO NORMALLY FALL INTO THIS CATEGORY ARE INDEPENDENT ADJUSTERS, INSURANCE DEFENSE ATTORNEYS, CAUSE AND ORIGIN COMPANIES, PRIVATE INVESTIGATORS AND OTHER INDEPENDENTS WORKING WITH OR FOR THE INDUSTRY. THIS SECTION MUST BE COMPLETED BY ANYONE EMPLOYED AS STATED.

SPONSORING COMPANY: _____
(FULL COMPANY NAME)

BUSINESS ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP) (TELEPHONE)

(LAST NAME) (FIRST) (TELEPHONE)

BY SPONSORING AN INDIVIDUAL FOR MEMBERSHIP YOUR COMPANY IS LIABLE FOR THIS INDIVIDUAL'S ACTIVITIES AS A MEMBER FOR THE DURATION OF THEIR MEMBERSHIP UNLESS NOTIFIED IN WRITING THAT YOUR COMPANY NO LONGER WISHES TO PROVIDE SPONSORSHIP.

REPRESENTATIVE VERIFYING SPONSORSHIP: _____

CERTIFICATION

I, _____, HEREBY CERTIFY THE FOLLOWING IN CONJUNCTION WITH MY APPLICATION FOR MEMBERSHIP IN THE NORTH CAROLINA INSURANCE CRIME INFORMATION EXCHANGE:

1. ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.
2. I HAVE REVIEWED ARTICLE II, SECTION I OF THE NCICIE CONSTITUTION AND BY-LAWS SET FORTH ON THE REVERSE OF THE APPLICATION, AND I MEET THE MEMBERSHIP CRITERIA CONTAINED THERIN. I ALSO AGREE TO NOTIFY NCICIE IF I NO LONGER MEET THESE CRITERIA.
3. I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE ORGANIZATION.

SIGNATURE

DATE

ARTICLE II: MEMBERSHIP AND DUES

SECTION 1. MEMBERSHIP: Membership in the North Carolina Insurance Crime Information Exchange will be limited to full time and active Law Enforcement Officers, full time and active Fire Personnel, other Governmental Investigators, Insurance Regulatory Authorities and Insurance Claims Personnel including those other Nonprofit support organizations, e.g. NICS, engaged solely in the Detection, Suppression and Investigation of such activities supporting the goal of this Organization and shall be designated in this Constitution and By-Laws as “members”. “Sponsored members” including attorneys, independent adjusters, independent fire investigators, et cetera, shall be admitted only by sponsorship of a member company and shall be designated in this Constitution and By-Laws as “sponsored member”.

Other Important Membership Information from the N.C.I.C.I.E Bylaws

SECTION 5. SUSPENSIONS: The Executive Board shall have the authority to exclude, suspend, or expel any member or sponsored member of the organization, by a majority vote, for any conduct deemed to be subversive to the best interest of the organization.

SECTION 2. TERMINATION: Upon violation of the provisions of this constitution or when circumstances warrant, the President may appoint a Special Committee to review and report back to the State Executive Board for appropriate action or dismissal. Any action taken, including dismissal must be approved by a majority vote of the State Executive Board. In the event of dismissal, the member or sponsored member forfeits all rights, benefits, and privileges afforded to said member or sponsored member by this Organization:

- A. Any member who fails to pay his/her dues promptly in accordance with Article II, Section 2.
- B. Any member charged and convicted of a felony or serious misdemeanor. A serious misdemeanor shall be defined and determined by the State Executive Board.
- C. Any member who applies, conveys, or supplies any false or fraudulent information with respect to any application for membership.
- D. Any member who knowingly and willfully uses materials obtained in this association in a manner not accordance with the laws of this State or in compliance with this Constitution.
- E. Any member who's Powers of Arrest has been suspended, or members leaving employment within the insurance industry, law enforcement or fire service.
- F. Any member intentionally furnishing or exchanging untrue or false information concerning any person.
- G. Any Sponsored member will be terminated at the written request of the sponsor or as a result of any of the reasons set forth in this Section.