

**NATIONAL ASSOCIATION OF REALTORS®
INSURANCE CONSULTING SERVICE
REALTOR® ASSOCIATION REQUEST FOR SERVICES FORM**

To be completed by state REALTOR® Association and sent to NAR along with insurance proposal

CONTACT INFORMATION

Association:

Address:

City, State:

Primary Contact:

Phone Number:

Fax Number:

E-mail Address:

Secondary Contact
(staff/member knowledgeable about issue):

Phone Number:

Requested by:
(Signature of Association President or Executive Officer)

Date: _____

REQUEST

Type of Proposal (Check one):

- | | |
|---|--|
| <input type="checkbox"/> Pending Legislation | <input type="checkbox"/> Pending Regulation |
| <input type="checkbox"/> Draft Legislative Language | <input type="checkbox"/> Proposed Regulation |
| <input type="checkbox"/> Proposed Legislative Concept | <input type="checkbox"/> Other (explain) |

Status of Proposal (Check all that apply):

- Introduced Public draft available (please attach)
 Hearing/public meeting scheduled (indicate date) _____
 Vote scheduled (indicate date) _____ Other (explain)

Concerns About Proposal (please briefly summarize and also attach any relevant background information - e.g., Association policy/analysis, news articles, etc.):

Critical REALTOR® Association Deadline(s) (explain):

Have you already hired outside legal counsel for this matter?

- Yes
 No