



Program Administrators Association

CARRIER PARTNER MEMBERSHIP APPLICATION

About Your Membership Application

All applications for Carrier Membership in the TMPAA will be reviewed by the Association's Executive Director and discussed with the Advisory Board's Membership Committee. Following that successful review, the Carrier representative will be invited to participate in a conference call with the committee to review the application.

THE APPLICATION MUST BE FAVORABLY CONSIDERED BY THE BOARD OF DIRECTORS BEFORE THE APPLICANT CAN PARTICIPATE IN THE ASSOCIATION. COMPLETENESS OF APPLICATION QUESTIONS WILL BE A CRITICAL CONSIDERATION FOR ACCEPTANCE IN THE ASSOCIATION.

Please note: This application must be accompanied with two letters of reference from program administrators currently underwriting your programs. References from existing Target Markets administrators are preferred.

Sign off on this membership application will certify your intention to agree and comply with the following *Standards of Membership*:

- A minimum requirement of two existing programs (as defined by the Association) unless granted exception by the Advisory Board
- Representation at both the Annual and Mid-Year Meetings
- Active participation in the Association which can be defined as one or more of the following: sponsorship support of a TMPAA meeting, membership on a committee, providing keynote speakers and/or offering educational sessions/workshops at TMPAA meetings
- Demonstrate a willingness to promote the Association to existing Program Administrators and refer them for membership
- Agreement to maintain an updated profile in the Carrier Search Portal on the TMPAA website
- Agreement to use the Program Submission Executive Summary as the basis for initial discussions for potential program business opportunities
- Agreement to provide a timely response to any member program submission
- Adherence to the TMPAA Code of Ethics
- Full payment of dues as invoiced on your membership anniversary date

A ONE-TIME APPLICATION FEE OF \$10,000 will be invoiced at the time of application acceptance. Annual renewal fee is \$7,500. Membership dues do not include registration fees for Association events. Membership dues are non-refundable. The TMPAA Advisory Board has the authority to re-evaluate the membership of each Carrier to ensure active participation as described above and confirm that each Carrier is providing program capacity and opportunity for Program Administrator members.

General Information

1. Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

2. Primary Contact: _____ Phone: _____

Email: _____

3. Company Website: _____

4. Please list the names and telephone numbers of those company representatives most likely to participate in carrier activities (attach additional sheets if necessary):

a) Name: _____ Phone: _____ Email: _____

b) Name: _____ Phone: _____ Email: _____

c) Name: _____ Phone: _____ Email: _____

5. Please list any insurance companies with whom you are affiliated:

6. Does your company grant binding/underwriting authority to program administrators?

Yes No

7. Please describe in detail the authority granted to program administrators:

8. AM Best Rating: _____

9. Number of years in program business: _____

10. Number of PAs with programs: _____

11. Total number of programs: _____

12. Total premium (range) in programs: _____

13. Number of programs added in the last 2 years: _____

14. Fronting paper provided: Yes No

15. Paper status: Admitted Non-Admitted Both

16. Minimum annual written premium considered: _____

17. Consideration of start-up programs: Yes No

18. Risk sharing available: Yes No

19. Risk sharing requirement: Yes No

Comments on questions 5-19:

20. Do you have a carrier rating system available or is this an expectation of your program administrator? _____

21. Do you provide claims handling, or is this an expectation of the program administrator or an independent TPA? _____

22. Do you provide loss control services? Yes No

Information About Program Business Strategy and Risk Appetites

1. Which industry classifications is the carrier most interested in pursuing (lawyers, contractors, etc.)?

2. Which product lines is the carrier most likely to offer to a preferred business class through a program?

3. Programs and/or program characteristics your company will not consider:

4. Other program considerations/submission criteria:

5. Complete description of your program review/evaluation process including time frame for completion:

Existing Programs

1. Check the states in which you are admitted (A) or non-admitted (NA) – primary carrier and all other insurance companies.

A	NA	STATE	A	NA	STATE	A	NA	STATE	A	NA	STATE	A	NA	STATE	A	NA	STATE
		AL			FL			LA			NE			OK			VT
		AK			GA			ME			NV			OR			VA
		AZ			HI			MD			NH			PA			WA
		AR			ID			MA			NJ			RI			WV
		CA			IL			MI			NM			SC			WI
		CO			IN			MN			NY			SD			WY
		CT			IA			MS			NC			TN			
		DE			KS			MO			ND			TX			
		DC			KY			MT			OH			UT			

2. Please provide an overview of the 3 most significant programs you currently underwrite.

1) Administered by: _____

Product lines: _____

Target audience: _____

Approximate GWP: \$ _____

2) Administered by: _____

Product lines: _____

Target audience: _____

Approximate GWP: \$ _____

3) Administered by: _____

Product lines: _____

Target audience: _____

Approximate GWP: \$ _____

References

Please provide two written references – preferably from current TMPAA program administrators as mentioned in the cover page of this application. Reference letters should contain the following elements:

- Confirmation that the PA has binding and underwriting authority for your program
- Brief description of the PA's experience developing, implementing and maintaining a program with your company
- Their support of your company's membership in the TMPAA to work with other PA members

Contact Information for References

1. Name: _____ Company: _____

Phone: _____ Email: _____

2. Name: _____ Company: _____

Phone: _____ Email: _____

Additional Comments/Questions

The undersigned attests that all information in the above membership application is correct and that the company will comply with all the standards of membership listed on page one of this document.

Signature: _____

Print Name: _____

Date: _____