



Program Administrators Association

REINSURER PARTNER MEMBERSHIP APPLICATION

About Your Membership Application

All applications for Reinsurer 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 Reinsurer 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 reinsured by your company. 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 reinsurance for two existing programs (as defined by the Association), unless granted an 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, 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 or Carriers and refer them for membership
- Agreement to maintain an updated profile in the Carrier Search Portal on the TMPAA website
- 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 Reinsurer to ensure active participation as described above and confirm that each Reinsurer 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 TMPAA activities (attach additional sheets if necessary):

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

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

6. Please provide a brief history of the company and current ownership structure:

7. In what country is the company registered? _____

8. AM Best (and/or) S&P Rating and Financial Size Category: _____

9. Number of years in program business and number of years in business (if different): _____

10. Number of programs you participate on: _____

11. Average line size or percentage of risk: _____

12. Total premium (range) in programs: _____

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

14. Is the primary carrier required to participate in risk sharing: Yes No

a) Is there a minimum participation? _____

15. Will you provide reinsurance for Fronting companies: Yes No

a) Is there a minimum participation? _____

16. Appetite for paper: Admitted Non-Admitted Both

17. Minimum annual written premium considered: _____

18. Consideration of start-up programs: Yes No

Comments on questions 5-18:

Information About Program Business Strategy and Risk Appetites

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

2. Which product lines of business is the Reinsurer most likely to reinsure?

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

4. Provide a description of your program review/evaluation and audit process of Program Administrators including time frame or frequency for completion:

5. What does your company uniquely bring to program specialists?

Existing Programs

1. Name and describe 2 current Program Carrier partners that cede risk to your company:

1) _____

2) _____

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 you have assumed risk retention for a portion of the program and provide general information as to the structure (i.e. Quota Share, Excess, Loss Corridor)
- Brief description of the PA's experience developing, implementing and auditing of the program with your company
- Their support of your company's membership in the TMPAA to work with other Program Administrator members

Contact Information for References

1. Name: _____ Company: _____

Phone: _____ Email: _____

2. Name: _____ Company: _____

Phone: _____ Email: _____

Additional Comments/Questions

By submitting this document, you attest 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.

Name: _____

Date: _____