

Program Administrator Membership Application



SAVE THIS PDF FILE TO YOUR COMPUTER FIRST. Then, open the saved form locally, fill in your data, save once complete and submit to the TMPAA via e-mail as noted at the end of the application. Please call (302) 268-1013 if you need assistance.

All information will be treated as confidential. No specific details regarding your program will be released to anyone without your prior authorization. **Note:** *TMPAA membership requires the administration of one program with binding authority and minimum annual gross premium revenue of \$1MM.*

Member Information

Agency Name

Street Address

City

State

Zip Code

Website

Primary Contact Name

Phone Number

E-mail

Membership Selection

Agency (\$1,000)

Agency with Target Programs (\$3,500)

Target Programs is the commercial website of the TMPAA designed to drive independent retail agent business to member's agencies through program listings on the Target Programs website and other marketing opportunities available to participating member agencies. Participation in Target Programs can begin with the initial application for Association membership, or at any time for members in good standing. Annual Target Programs participation fee is \$2,500, which is in addition to regular membership fees. Please contact the Association for more information regarding Target Programs.

**Please list the individuals that
will be actively participating in
the Association.**

General Applicant Data

Length of time in Program Business

Please provide a current program carrier reference (*mandatory*) and one from a current Target Markets member or industry-related individual (*optional*).

Name

Company

E-mail

Phone

Name

Company

E-mail

Phone

Age of oldest operating program

List all associations of which Agency is a member

Is Agency a Lloyd's coverholder?	Yes	No
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General Program Data

Number of in force programs

Largest program description

Program class of business (architects, lawyers, etc)

Product type (GL, workers compensation, etc)

Describe program binding authority

Total premium in force (only needed to measure scope of operation)

% Program/MGA
(binding authority)

% Wholesale

% Retail

Which carriers underwrite your program?

What are 3 positive attributes of your program that differentiates it from others in marketplace?

List 3 enhancements/improvements to your current program that you would like implemented.

Agency History

Please provide a brief explanation of the Agency's carrier changes in the past 10 years.

Has the Agency ever had a carrier contract cancelled for cause?	Yes
	No

If yes, please explain.

Are you and/or the Agency a plaintiff in any current or soon to be filed suits?	Yes
	No

If yes, please explain.

Are you and/or the Agency aware you may be a defendant in any pending litigation?	Yes
	No

If yes, please explain.

Has the Agency had an E&O claim in the past 5 years?	Yes
	No

If yes, please explain.

Have you or anyone employed at the Agency ever had an insurance license refused or revoked?	Yes
	No

If yes, please explain.

Have any of the Agency's associates who are licensed agents ever been subject to disciplinary proceedings leading to consent agreements with a regulator?	Yes
	No

If yes, please explain.

If the Agency collects and submits E&S taxes, has it ever had a delinquent or erroneous filing?	Yes
	No

If yes, please explain.

Your Involvement in Target Markets

The Association strives to provide its members with significant benefit. Which aspects interest you the most?

Networking with your peers
Cross-sell opportunities
Reviewing technological innovations with Program Business applications
Meeting insurance companies committed to Program Business
Meeting with vendors who support Program Business initiatives
Learning new marketing techniques or exploring different distribution methodologies
Exploring alternative risk transfer vehicles
Participating in the biannual meetings
Exploring reinsurance options for your program
Other

What are the top 3 benefits you expect to derive from your first full year of membership?

BY EXECUTION HEREOF:

- 1) The applicant attests that all information in the above membership application is correct.
- 2) The applicant will abide by the Target Markets Association Bylaws as they may be amended from time to time.
- 3) The applicant is not aware of any reason why the letter and spirit of the Bylaws cannot be strictly observed.
- 4) The applicant agrees to comply with the TMPAA Ethical Business Practice Standards.

Save and return completed application to Krista Hardy, Membership Development Specialist, krista.hardy@targetmkts.com.

The Agency will be notified upon approval of the application and an invoice for membership dues will be forwarded. Membership fees are non-refundable.