

INSURANCE COMPANY 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 Board of Directors Membership Committee. Following that successful review, the Insurance Company representative will be invited to participate in a teleconference 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.

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 Board of Directors.
- 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: financial support of a TMPAA meeting event, membership in a committee, providing keynote speakers and/or offering educational sessions/workshops at the TM meetings.
- Demonstrate a willingness to promote the Association to existing Program Administrators, and refer them for membership solicitation.
- 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 Ethics Standards.
- Full payment of dues as invoiced on your membership anniversary date.
- Completion of renewal application at the anniversary date.

A ONE-TIME APPLICATION FEE OF \$10,000 will be invoiced at the time of application acceptance. Renewal fee is \$7,500. A \$1,000 credit is available with the successful referral of a program administrator member. Referral document is required **prior** to PA application. Membership dues do not include registration fees for Association events. 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 About The Carrier

- 1. Company Name _____
Street Address _____
City _____ State ____ Zip _____
- 2. Primary Contact Name _____
Phone (____) _____ Fax Number (____) _____ Email _____
- 3. If the Company has a website, please provide the address: _____
- 4. Current A.M. Best Rating (must be A- rated or above): _____
- 5. 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 _____ Fax (____) _____
 - b) Name _____ Phone (____) _____
Email _____ Fax (____) _____
 - c) Name _____ Phone (____) _____
Email _____ Fax (____) _____
- 6. Please list any insurance companies utilized by the carrier for program business:
 - a) _____
 - b) _____
 - c) _____

General Information About The Carrier's Program Business Strategy and Risk Appetites

- 7. Does your company grant binding / underwriting authority to Program Administrators? Yes No
- 8. Please describe in detail the authority granted to Program Administrators: _____

- 9. How many years has the carrier been involved in program business? _____
- 10. Which industry classifications is the carrier most interested in pursuing (lawyers, contractors, etc.)?
 - a. _____ b. _____ c. _____
- 11. Which product lines is the carrier most likely to offer to a preferred business class through a program:
 BOP General Liability Workers Comp Umbrella Auto Management Liability
 Other: _____

12. Please describe your company's program appetites including Lines of Business and Program Size in GWP:

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

14. Minimum Annual Written Premium Considered: \$ _____

15. Other Program Consideration/Submission Criteria: _____

16. Expectations of Program Administrators including rating, issuing, report capabilities, claims, and risk sharing:

17. Complete description of your Program Review/Evaluation Process including time frame for completion:

17. Continued:

General Information Existing Programs

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

A	NA	STATE	A	NA	STATE	A	NA	STATE	A	NA	STATE	A	NA	STATE			
		Alabama			Dist of Col			Kansas			Mississippi			New York			South Carolina
		Alaska			Florida			Kentucky			Missouri			North Carolina			South Dakota
		Arizona			Georgia			Louisiana			Montana			North Dakota			Tennessee
		Arkansas			Hawaii			Maine			Nebraska			Ohio			Texas
		California			Idaho			Maryland			Nevada			Oklahoma			Utah
		Colorado			Illinois			Massachusetts			New Hampshire			Oregon			Vermont
		Connecticut			Indiana			Michigan			New Jersey			Pennsylvania			Virginia
		Delaware			Iowa			Minnesota			New Mexico			Rhode Island			Washington
		West Virginia			Wisconsin			Wyoming									

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

1	Administered By:	
	Product Line(s):	
	Target Audience:	Approximate GWP: \$
2	Administered By:	
	Product Line(s):	
	Target Audience:	Approximate GWP: \$
3	Administered By:	
	Product Line(s):	
	Target Audience:	Approximate GWP: \$

20. Please provide two references - Preferable from a current Target Markets Agent or Carrier

Name _____ Company _____

Phone (_____) _____ Email _____

Name _____ Company _____

Phone (_____) _____ Email _____

