

A. Business Information

Firm Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Web address _____
 Contact Person _____ Email _____
 Ownership (Corp. Structure) _____ Years in Operation _____ No. of Locations _____

B. Program Operation —Program 1

Name of Program _____
 Class of Business: LOB GL Package WC Property Prof Liab Other _____
 Carrier _____

Annual Premium \$ _____ Percent of Total Firm Premium %
 Underwriting Authority..... Yes No Independent Actuarial Analysis Yes No
 Policy Issuance..... Yes No Reinsurance Placements..... Yes No
 Rating and Quoting..... Yes No Other Risk Transfer Yes No
 Claims Management..... Yes No Specify: _____

***See page 3 to list additional Program Operations**

C. Personnel—Experience and Expertise

TOTAL No. of employees of the Firm _____ No. of employees for Program 1..... _____
 No. of employees for Program 2 _____ No. of employees for additional Programs _____

| | Number of Employees | Average Years of Experience | Education/Designations |
|---------------|---------------------|-----------------------------|------------------------|
| Management | | | |
| Producers | | | |
| Underwriters | | | |
| Support Staff | | | |

Amount of Revenue per employee: \$ _____

D. Operations

- Accounting Department..... Yes No
- Business Planning and Budgeting..... Yes No
- Operational Self Audit Process..... Yes No

If "Yes" number of self audits per year _____

Check all of the following business processes that are documented:

- Job Descriptions Communication w/clients
- Work flow process Standardized letters/forms
- Coverage Analysis Binders including wording
- Authority Levels

E. Human Resources

Check if the following business process is documented:

- Documented Employee Manuals
- Educational and/or Technical Training
- Formalized Hiring process
- Formalized Performance Appraisal Process
- Formalized Termination Process
- Management Resources Planning

Brief Description of Program(s)

Lines of Business Written

Explanation of Program Operations

F. Systems

Do member firm programs utilize the following functionality?

- Policy Profiles Yes No
- Loss experience and analysis Yes No
- Actuarial Analysis Yes No
- Rate and Quote Yes No
- Issue Policies..... Yes No

G. Accounting and Reporting

- Automated system for Premium accounting Yes No
- Automated system for Billing Yes No
- Automated Account Current Yes No
- Report to carriers electronically Yes No
- Use General Ledger and Accounts Yes No
- Receivable/Payable Software Yes No
- Do you produce an audited statement..... Yes No

Program Operation—Program 2

Name of Program _____

Class of Business: LOB GL Package WC Property Prof Liab Other _____

Carrier _____

Annual Premium \$ _____ Percent of Total Firm Premium %

Underwriting Authority..... Yes No
Policy Issuance..... Yes No
Rating and Quoting..... Yes No
Claims Management..... Yes No

Independent Actuarial Analysis.... Yes No
Reinsurance Placements..... Yes No
Other Risk Transfer..... Yes No

Specify: _____

Program Operation—Program 3

Name of Program _____

Class of Business: LOB GL Package WC Property Prof Liab Other _____

Carrier _____

Annual Premium \$ _____ Percent of Total Firm Premium %

Underwriting Authority..... Yes No
Policy Issuance..... Yes No
Rating and Quoting..... Yes No
Claims Management..... Yes No

Independent Actuarial Analysis.... Yes No
Reinsurance Placements..... Yes No
Other Risk Transfer..... Yes No

Specify: _____

Program Operation—Program 4

Name of Program _____

Class of Business: LOB GL Package WC Property Prof Liab Other _____

Carrier _____

Annual Premium \$ _____ Percent of Total Firm Premium %

Underwriting Authority..... Yes No
Policy Issuance..... Yes No
Rating and Quoting..... Yes No
Claims Management..... Yes No

Independent Actuarial Analysis.... Yes No
Reinsurance Placements..... Yes No
Other Risk Transfer..... Yes No

Specify: _____

Program Operation—Program 5

Name of Program _____

Class of Business: LOB GL Package WC Property Prof Liab Other _____

Carrier _____

Annual Premium \$ _____ Percent of Total Firm Premium %

Underwriting Authority..... Yes No
Policy Issuance..... Yes No
Rating and Quoting..... Yes No
Claims Management..... Yes No

Independent Actuarial Analysis.... Yes No
Reinsurance Placements..... Yes No
Other Risk Transfer..... Yes No

Specify: _____

H. Agency History

- 1. Please provide brief explanation of all carrier changes in the past 10 years:

- 2. Has your agency ever had a carrier contract cancelled for cause? Yes No *If "Yes", please provide details.*

- 3. Are you a plaintiff in any current or soon to be filed suits? Yes No *If "Yes", please provide details.*

- 4. Are you aware you may be a defendant in any pending litigation? Yes No *If "Yes", please provide details.*

- 5. Have you had an E&O claim in the past 5 years? Yes No *If "Yes", please explain.*

- 6. Have you ever had an insurance license refused, suspended, or revoked? Yes No *If "Yes", please explain.*

- 7. Have any of your associates who are licensed agents ever been subject to disciplinary proceedings leading to consent agreements with a regulator? Yes No *If "Yes", please explain.*

- 8. If you collect and submit E&S taxes, have you ever had a delinquent or erroneous filing? Yes No *If "Yes", please explain:*

The undersigned attests that the statements and responses to the questions on this Best Practice Certification Application are true and complete.

Signature _____

Print Name _____ Date _____