

Program Executive Summary

Please complete the Program Executive Summary below. This information will allow TMPAA Carrier Members to properly evaluate an initial submission for possible further consideration. Additional information is welcome.

AGENCY INFORMATION

Agency _____

Address _____

Program Contact _____

Tel (____) _____ Email _____ Website _____

Agency Description _____

PROGRAM INFORMATION

Program Name/Class(es) or niche business targeted: _____

Program Geography: National Regional / Explain: _____

Program Coverage: Lines of business that are offered in your program: _____

Program Distribution: Opened Closed / Retail Wholesale Both

Program Results: *Please provide a summary of the programs premium and loss history for the past 5 years.*

YEAR	WRITTEN PREMIUM	EARNED PREMIUM	PAID LOSSES AND LAE	IBNR
Last	\$	\$	\$	\$
2nd	\$	\$	\$	\$
3rd	\$	\$	\$	\$
4th	\$	\$	\$	\$
5th	\$	\$	\$	\$

Results by: Accident Year Calendar Year / Last Valuation Date: _____

Operational Information: Describe how policy administration including billing is handled within this program.

Underwriting Authority: Describe the level of underwriting authority your agency exercises over the program.

Claims Authority? Yes No

Program Marketing: Describe your approach to marketing the program and the production sources used to obtain business.
