

Eligible New Program Application

Name of Program _____ Program Website _____

Submission Requirements

- Formal Submission (*ACORD app., SOV, etc.*), including book level profile, such as geographic footprint and exposures.
- Book level loss experience, including currently valued loss runs (*10 years*)
- Policies & Procedures (*i.e., Operating Manual, Employee Handbook, Franchise Agreement, etc.*)
- Current Program Insurance Requirements

Program Information

	Yes	No
Is this program currently controlled by your agency?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how many years has your agency controlled the program? _____

If yes, what % of the overall program (*i.e. all franchises, chapters, locations, etc.*) does your agency control?

100% 50-99% 25-49% Less than 25%

If yes , is your agency endorsed or approved as a preferred agent for the program?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what is your agency's current commission/compensation on the program? _____

Does the program have a centralized insurance buying process?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe _____

Please provide a description of the program:

Please provide the reasoning for marketing this program:

Who is the incumbent insurance carrier(s) on the program? _____

	Yes	No
Are insurance terms and conditions changing?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe _____

What line(s) of business are included in this program?

- | | | | |
|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Property | <input type="checkbox"/> General Liability | <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Abuse or Molestation |
| <input type="checkbox"/> Owned Auto | <input type="checkbox"/> Hired & Non-Owned Auto | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Director's & Officers |
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Other, please describe _____ | | |

What is the current policy structure of the program?

- | | | |
|-------------------------------------------------------|---------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Individual Policies | <input type="checkbox"/> BOP Policies | <input type="checkbox"/> Risk Purchasing Group (RPG) |
| <input type="checkbox"/> Master Policy | <input type="checkbox"/> Captive | <input type="checkbox"/> Risk Retention Group (RRG) |
| <input type="checkbox"/> Other, please describe _____ | | |

Program Information *Continued*

Who provides the following services:

	Agent	Carrier	NA	Please describe
Administrative Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Claims Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marketing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Risk Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Technology Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Underwriting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Premium

What is the total program premium size? _____

What premium can your agency commit for this program by the end of 12 months? _____

What premium can your agency commit for this program by the end of 24 months? _____

Note: If this is a Franchise program, please also complete our [Franchisor Questionnaire](#)