



# **PROSPECTIVE PROGRAM QUESTIONNAIRE**

**CONFIDENTIAL**



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## PROSPECTIVE PROGRAM QUESTIONNAIRE

*NOTE: All information will be treated as confidential. No specific details regarding your program will be released to anyone without your prior authorization.*

### TEMPLATE NONDISCLOSURE AGREEMENT

This agreement is hereby entered into and between

Submitting Agency: \_\_\_\_\_

and **The CHART Exchange (“CHART”)**

as part of **CHART’s** efforts to assist **Submitting Agency**

in the placement of an insurance program through **Lloyds of London.**

#### ***CHART agrees to the following:***

Acknowledgement of Confidentiality. CHART acknowledges that they may be exposed to confidential and proprietary information of Submitting Agency or of the insurance carriers by which Submitting Agency is appointed. Confidential information does not include: i) information already known by CHART, ii) information in the public domain through no wrongful act of CHART, or iii) information received by CHART from a third party who was free to disclose it.

#### ***Covenant Not to Disclose***

CHART agrees not to use, commercialize, or disclose any Confidential Information to any person or entity except as Submitting Agency approves in writing. Submitting Agency acknowledges that CHART may share some information with third parties for valuation purposes, but only if CHART has on file a signed nondisclosure agreement from the third party specifically regarding this project. CHART agrees to use at least the same degree of care in safeguarding the Confidential Information as they use in safeguarding their own confidential information.

#### ***Retention of Rights***

Submitting Agency retains all rights to the materials provided. CHART agrees to return all materials upon request within 30 days.

Term of Agreement. This agreement shall expire one year from the last date shown below.

Date: \_\_\_\_\_

CHART:

By: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency Programs, LLC:

By: \_\_\_\_\_

## PROSPECTIVE PROGRAM QUESTIONNAIRE

*NOTE: All information will be treated as confidential. No specific details regarding your program will be released to anyone without your prior authorization.* Additional space for answers/comments provided on page 7.

### INFORMATION ABOUT THE SUBMITTING AGENCY

- 1** Agency Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_ Contact Telephone: (\_\_\_\_) \_\_\_\_\_  
 Contact E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_
- 2** Corporate Structure:  Individual  Corporation  Partnership  Other (Explain): \_\_\_\_\_
- 3** List all states where the Agency holds resident/non-resident licenses, and license numbers:

STATE	LICENSE TYPE	LICENSE NUMBER	SURPLUS LINES
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

- 4** Provide the percentage of premium volume Agency derives from:  
 Retail or Business direct from insureds: \_\_\_\_\_% Wholesale or Business accepted from other agents: \_\_\_\_\_%  
 MGA, Underwriting Manager, or Program Administrator: \_\_\_\_\_%
- 5** Has the Agency ever been a Lloyds Coverholder?  
 Yes  No If "Yes", provide the Agency's ATLAS PIN: \_\_\_\_\_

### INFORMATION ABOUT THE PROPOSED PROGRAM

- 1** What are the lines of business required for the proposed program? Include the expected premium percentage for each line:

LINE OF BUSINESS	% PREMIUM	LINE OF BUSINESS	% PREMIUM

- 2** Which business classes/types of risks will be targeted under the program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3** What limits of liability are required for this Program? \_\_\_\_\_

**4** In which states will the Program be written? Include percentage for each state of the total premium:

STATE	PREMIUM	STATE	PREMIUM	STATE	PREMIUM	STATE	PREMIUM
Alabama	%	Illinois	%	Montana	%	Rhode Island	%
Alaska	%	Indiana	%	Nebraska	%	South Carolina	%
Arizona	%	Iowa	%	Nevada	%	South Dakota	%
Arkansas	%	Kansas	%	New Hampshire	%	Tennessee	%
California	%	Kentucky	%	New Jersey	%	Texas	%
Colorado	%	Louisiana	%	New Mexico	%	Utah	%
Connecticut	%	Maine	%	New York	%	Vermont	%
Delaware	%	Maryland	%	North Carolina	%	Virginia	%
Dist of Columbia	%	Massachusetts	%	North Dakota	%	Washington	%
Florida	%	Michigan	%	Ohio	%	West Virginia	%
Georgia	%	Minnesota	%	Oklahoma	%	Wisconsin	%
Hawaii	%	Mississippi	%	Oregon	%	Wyoming	%
Idaho	%	Missouri	%	Pennsylvania	%	<b>Total All States</b>	<b>100 %</b>

**5** Have any underwriting guidelines/eligibility parameters been developed for this program?  Yes  No  
 If "Yes", attach a copy to this submission. Otherwise, provide the following:

**a** What are the general eligibility guidelines by line of business? \_\_\_\_\_

\_\_\_\_\_

**b** Describe any significant classes/risks that should be considered ineligible under the program:

\_\_\_\_\_

\_\_\_\_\_

**6** Have any policy forms, endorsements, applications, etc. been developed for this program?  Yes  No  
 If "Yes", attach a copy to this submission.

Otherwise, the Agency will use:  standard ISO  manuscript forms.

**7** Has a marketing plan been developed for this program? .....  Yes  No  
 If "Yes", attach a copy to this submission. Otherwise, provide the following:

**a** How will the program be marketed? \_\_\_\_\_

\_\_\_\_\_

**b** Submissions will be made from:  End-buyers,  Retail Agents,  or Both.

**8** Will any loss control/risk mitigation services be provided in conjunction with this program?  Yes  No  
 If "Yes", briefly describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HISTORICAL PROGRAM INFORMATION (Complete only if coverage was written Previously)**

**1** How many years has the Program been in existence? . . . \_\_\_\_\_

**2** Provide the historical premium for the Program by line, by year, and by carrier for at least five years:

YEAR	LINE OF BUSINESS	CARRIER	PREMIUM
			\$
			\$
			\$
			\$
			\$

**3** Provide a historical policy count:

YEAR	LINE OF BUSINESS	COUNT	YEAR	LINE OF BUSINESS	COUNT

**4** Provide a summary of the claims experience for the last five years, including premium and incurred losses for each year:

YEAR	LINE OF BUSINESS	PREMIUM	INCURRED LOSS
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**5** Has this Program ever been terminated by an insurance carrier? . . . . .  Yes  No *If “Yes”, provide explanation:*

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**6** If available, please attach the following additional information regarding the existing program:

- a** Summary of large losses
- b** Recent actuarial evaluations
- c** Paid and incurred loss triangles by line of business
- d** Rating and Pricing change history
- e** Submission counts, quote-to-bind ratios, and renewal retention percentage for the last five years
- f** Results of the last two underwriting audits conducted by the carrier (if the Agency acted as the Program Administrator)

**OTHER RELEVANT INFORMATION**

**1** Provide three year premium projections by line of business:

LINE OF BUSINESS	YEAR	PREMIUM	YEAR	PREMIUM	YEAR	PREMIUM
	1st	\$	2nd	\$	3rd	\$
	1st	\$	2nd	\$	3rd	\$
	1st	\$	2nd	\$	3rd	\$
	1st	\$	2nd	\$	3rd	\$

**2** What is the commission rate required by the Agency? \_\_\_\_\_ % Would the Agency consider taking a lower commission initially in exchange for participating in back-end underwriting profits? . . . . .  Yes  No

**3** On a scale of 1–10 (1 = Most Important, 10 = Least), rank the following attributes required to make this proposed program successful:

RANK	ATTRIBUTE	RANK	ATTRIBUTE
	Competitive Rate Structure		Policy Terms & Conditions
	Program Eligibility Parameters		Level of Delegated U/W Authorities
	Amount of Information Required as Part of Application Process		Availability of Unique Coverage Enhancements/Endorsements
	Availability of Loss Control Tools		Time Service/Turnaround Time
	Endorsement by Association or Business Organization		Other <i>Describe:</i>

**4** What are the top five qualities the Agency expects from the Risk Taker?

- a \_\_\_\_\_
- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_

**5** What are the top five attributes the Risk Taker should expect from the Agency?

- a \_\_\_\_\_
- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_

**6** Note any other special circumstances or issues that should be taken into account by a Risk Taker when considering this proposed program. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

