

RLI Specialty Programs Assessment Summary

Company / Agency _____ Tel (_____) _____

Location _____

_____ State _____ Zip _____ E-mail _____

Primary Contact _____ Fax (_____) _____

Agency Information

How long has your Agency been in business? _____ What is the ownership structure of your Agency? _____

What is the current size of your Agency's Staff? _____

What is your Agency's total premium volume? \$ _____ How many programs is your Agency actively writing? _____

For all business, please list your Agency's top 3 Company relationships, volume and loss ratio: _____

Describe any underwriting authority granted to your Agency by your current carrier(s): _____

Does your agency currently quote, bind and issue policies in-house? Please describe: _____

Describe your Agency's dedicated resources to this program: _____

Program Information

Program Name: _____ Inception date of program: _____

Provide a brief description of the targeted customer group (type of business, products): _____

Do all of the customers in your program have similar exposures? Yes No If "No", how do they vary (identify exposures): _____

What is the average account premium in your program for a typical customer? \$ _____

Smallest Account \$ _____

Largest Account: \$ _____

Minimum premium requirements per account? \$ _____

How much business is produced directly by your Agency? _____ %

How much business is produced by other retailers, sub-producers, brokers? %

How many of these producers are consistently active participants? %

What is your Agency's experience with this class of business?

1-3 yrs 3-5 yrs 5-10 yrs more than 10 yrs

In which states do you currently write business for this program? If your account is nationwide, please indicate here and provide information on your top 10 states.

State	Last Year Program Premium for State	Total No. of Policies	State	Last Year Program Premium for State	Total No. of Policies
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

Please provide details regarding the expense breakdown for this program:

Total current commission from carrier: %

Program Administrator / MGA %

Retail acquisition % TPA (if any) %

Loss Control % Other %

Program Information, continued...

Who is the current carrier for this program? _____

How long has your program been with the current carrier? _____ Have there been any carriers previous to your current one?

Yes No If "Yes", please provide the name of the carrier(s) and how many years the program was placed with each carrier:

Please provide the key reasons you are searching for a new carrier: _____

In the past 5 years, has your program been cancelled by a carrier? Yes No If "Yes", please explain: _____

Coverage Information

Which lines of business does your Agency write under this program?

- General Liability Worker's Compensation Commercial Automobile Property Commercial Package
- Professional Liability Inland Marine Other: _____

Does your Agency use ISO forms for the coverages provided? Yes No

Do you provide any DIC coverages (EQ, Flood)? Yes No

Does the program have any exposures near the coastline (0 – 50 miles)? Yes No

If "Yes", what percentage and specify the region(s): _____

Is your program inclusive of any non-standard or unusual exposures that require additional underwriting, special coverages or unique pricing? Yes No

If "Yes", please describe: _____

Claims Information

Does your Agency have claims authority for this program? Yes No

If "Yes", please detail: _____

How are claims for this program handled (company, TPA—name & contact info)? _____

How long has the current claims TPA provided your agency with service? _____

Does your program require any additional underwriting tools (MVR, CLUE, financials, other)? Yes No

If "Yes", please detail: _____

Do you rate the line of businesses in your program on a standard ISO approach? Yes No

If "No", describe the rating process for these lines of business. What exposure base is taken into consideration?

Does your program have any unique or customized applications? Yes No

Does your program have any non-ISO or unique endorsements? Yes No

Is your program currently written on an Admitted or Non-Admitted basis?

What types of claims have adversely affected the program over the past three years? _____

Have you made any changes to the program in an effort to address any loss concerns (coverage offered, pricing, underwriting guidelines)? Yes No

If "Yes", please explain: _____

Claims Information, continued...

Identify any claims with incurred losses exceeding \$50,000 in the past three years (paid losses and ALAE plus outstanding reserves):

Year	State	Coverage	Amount	Explanation
		\$	\$	
		\$	\$	
		\$	\$	

What are the most frequently reported claims by line of business in your program? _____

Program Marketing Information

In order to achieve your projected program growth in the next 3 – 5 years, please describe your marketing strategy: _____

Please provide details of your program's competitive advantages (pricing, coverage options, available services): _____

Is this program currently endorsed by any association, trade group or franchise? Yes No If "Yes", please describe the relationship and the advantages of this endorsement: _____

Does your Agency provide any Loss Prevention Services? Yes No If "Yes", please provide details: _____

Does your Agency currently require inspections? Yes No If "Yes", please detail the inspection criteria: _____

For this program, what is the commission structure for the various producers of this business? _____

Do you participate in profit sharing with your current carrier? Yes No If "Yes", has your Agency been successful with this incentive? Yes No

Does your Agency currently assume any risk through either sliding scale commission structures or a captive arrangement? Yes No

If "Yes", please provide details: _____

If your Agency does not currently assume risk in this program, would you consider such arrangements going forward, through one of these mechanisms? Yes No

Program Data

By lines of business, please detail the program's experience in the format provided below.

Line of Business: _____

Accident Year	Written Premium	Earned Premium	Paid Losses and LAE	IBNR	Reserves
Last Year	\$	\$	\$	\$	\$
2nd Year	\$	\$	\$	\$	\$
3rd Year	\$	\$	\$	\$	\$
4th Year	\$	\$	\$	\$	\$
5th Year	\$	\$	\$	\$	\$

Program Data, continued...

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3rd Year	\$	\$	\$	\$	\$
4th Year	\$	\$	\$	\$	\$
5th Year	\$	\$	\$	\$	\$

Program Growth

Please provide the Agency's outlook for the program's DPW growth over the *next 3 years*, by state, in the provided format below.

State	1st Year	2nd Year	3rd Year	State	1st Year	2nd Year	3rd Year
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$

Formal Submission Procedures

The submission form you have just completed will be used to generate interest with the participating Target Markets carriers. Upon securing general interest in your Agency's program, you will be asked to submit the following hardcopy submission material for underwriting review:

- Business Plan / Marketing Plan for the program
- Current underwriting guidelines
- All applicable Agency licenses
- 5 years currently valued hardcopy company loss runs, by line of business, to support the data provided in this submission
 - Rate and pricing change history over the past 5 years
 - Exposure history
- Latest complete fiscal year Agency financial information • (audited if available)
- Evidence of current E&O, GL, WC and Fidelity/Crime insurance for the Agency
- Once interest in your program is determined, please be aware that any carrier may also have additional submission requirements.



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