



MEMBERSHIP APPLICATION

SURPLUS LINES ASSOCIATION OF NEW JERSEY, INC.

Do not send dues check with application

**Check the Type of Membership that Best Describes Your Firm's Operation
and Complete that Section of this Application**

Voting Membership

_____ A) **Wholesale Broker/Agents:** defined as an individual, firm or organization holding a New Jersey Producers license with surplus lines authority, who produce business primarily from Brokers and Agents with whom they are not affiliated, who place business primarily with non-admitted or specialty carriers with whom they are not affiliated, who have exhibited experience in the wholesale marketplace, and who maintain a bona - fide office within the state of New Jersey, clearly identifiable to the public, open to public inspection during normal business hours, at which is maintained complete records of all Surplus Lines transactions.

_____ B) **Underwriting Managers:** defined as an individual, firm or organization exercising specific underwriting authority on behalf of one or more risk bearing insurers for specific classes of business and designated geographic areas, and producing its business primarily through Wholesale Broker/Agents as defined in item (a) above.

_____ C) **Company:** defined as a risk bearing insurer or group of insurers engaged in the writing of business principally through Wholesale Broker/Agents as defined in item (a) above. A Member in this category is not required to maintain bona-fide office within the state of New Jersey.

Non-voting Membership

_____ D) **Broker/Agents:** defined as the holder of a Surplus Lines Authority who produces or places business other than as defined in item (a) above, or who has not demonstrated previous experience in the wholesale field.

_____ E) **Non-Resident Broker:** same as a) above that does not maintain bona-fide office within the state of New Jersey.

_____ F) **Associate:** defined as an individual, firm or organization that is not a licensed Surplus Lines Producer but supplies services to the Surplus Lines or General Insurance Industry and/or supports the wholesale excess/surplus lines system.

PLEASE TYPE ALL INFORMATION

1. Name of Applicant Firm _____

2. Address _____ City _____ State _____ Zip _____

Please list all branch offices (attach separate sheet if needed)

3. Main Contact: _____ Title: _____

4. Phone (_____) _____ Fax (_____) _____ Email: _____

5. Company website: _____

6. List all associations of which you are a member: _____

A. WHOLESALE BROKER/AGENT

7. Name of surplus lines license holder: _____

8. Current NJ surplus lines license #: _____

NOTE: Use additional sheet to list additional license numbers and states (A spreadsheet is acceptable)

9. Has a license of the firm or any licensed member ever been revoked or suspended? Yes No

10. Has there ever been any fine or penalty imposed by any insurance regulatory authority against the firm, any principal or executive officer of the firm or any licensee? Yes No If so, describe in full on a separate sheet

11. Date the firm established wholesale business: _____

12. If corporation, please list in full each of the corporation's officers with titles and directors. If partnership, list all partners: _____

13. Length of time Principal in business: _____

14. Has the applicant ever operated under another name? Yes No If so, list previous name(s): _____

15. Number of employees: _____

16. Please attach resume of **officers and key employees** with special reference to their insurance careers.
NOTE: Required **ONLY** if annual premium volume is less than \$10,000,000, or if Principal has less than five (5) years' experience)

17. Total volume of all business \$ _____; (a) of which _____% is retail; (b) of which _____% is wholesale; (c) of which _____% is other

18. Total Volume of wholesale business: (a) placed under binding authority _____% (b) brokered _____%

19. Total Volume of wholesale business which is: (a) produced from affiliated (related by ownership) (b) retailer _____% (c) produced from other retailers _____%

20. Total Volume of wholesale business which is placed with parent or affiliated insurance company: _____%

21. List your five leading company markets: _____

22. Are you a correspondent for a foreign broker? (a) London _____ (b) Other _____
Give Names and Addresses: _____

23. Are you tribunalized and/or hold a Lloyd's binding contract(s)? Yes No
Tribunalized? Yes No Hold a Lloyd's binding contract(s)? Yes No

24. Name two principals of Wholesale Broker or Company member firms and their firm name as references: _____

B. UNDERWRITING MANAGER

25. What date was the firm established as an underwriting manager? _____

26. List the geographic areas in which the firm has underwriting authority: _____

27. Please give details of current ownership; also financial affiliations (if any) with any other insurance entity: _____

28. Have there been any changes in ownership or management of the firm within the last three years?
 Yes No If so, describe in detail on a separate piece of paper.

29. List the companies for whom the firm has underwriting authority: _____

30. Total premium volume of applicant is: \$ _____; (a) of which _____% is derived from wholesalers; (b) _____% is derived from retailers; (c) _____% is derived from others (explain) _____

31. Name two principals of Wholesale Broker or Company member firms and their firm name as references: _____

C. COMPANY MEMBER

32. Please list separately those states where the company operates on an admittal basis and those in which it operates on a non-admittal basis: _____

33. Please indicate your latest Best Rating – If not rated, please so state: _____

34. Total annual P & C premium is \$ _____
(include admitted and non admitted combined)
of which (a) _____% is derived from wholesalers; and _____% is derived from retailers

35. Briefly describe the types of coverages / classes of business you're actively pursuing: _____

36. Name two principals of Wholesale Broker or Company member firms and their firm name as references: _____

D. BROKER/AGENTS

37. Name of surplus lines license holder: _____

38. Current surplus lines license #(s) and State(s): _____
NOTE: Use additional sheet to list additional license numbers and states (A spreadsheet is acceptable)

39. Has a license of the firm or any licensed member ever been revoked or suspended? Yes No
Explain: _____

40. Has there ever been any fine or penalty imposed by any insurance regulatory authority against the firm, any principal or executive of the firm or any licensee? Yes No If so, describe in full on a separate sheet.

41. Date the firm established: _____

42. If corporation, please list in full each of the corporation's officers with titles and directors. If partnership, list all partners: _____

43. Length of time Principal in business: _____

44. Has the applicant ever operated under another name? Yes No If so, list previous name(s):

45. Number of employees: _____

46. Please attach resume of **officers and key employees** with special reference to their insurance careers.

NOTE: Required **ONLY** if annual premium volume is less than \$10,000,000, or if Principal has less than five (5) years' experience)

47. Total volume of all business \$ _____; (a) of which _____% is retail; (b) of which _____% is wholesale; (c) of which _____% is other

48. Total Volume of wholesale business: (a) placed under binding authority _____% (b) brokered _____%

49. Total Volume of wholesale business which is: (a) produced from affiliated (related by ownership) (b) retailer _____% (c) produced from other retailers _____%

50. Total Volume of wholesale business which is placed with parent or affiliated insurance company : _____%

51. List your five leading company markets: _____

52. Are you a correspondent for a foreign broker? (a) London _____ (b) Other _____
Give Names and Addresses: _____

53. Are you tribunalized and/or hold a Lloyd's binding contract(s)? Yes No

Tribunalized? Yes No Hold a Lloyd's binding contract(s)? Yes No

54. Name two principals of Wholesale Broker or Company member firms and their firm name as references: _____

E. NON-RESIDENT BROKER

55. Name of surplus lines license holder: _____

56. Current surplus lines license #(s) and State(s): _____

NOTE: Use additional sheet to list additional license numbers and states (A spreadsheet is acceptable)

57. Has a license of the firm or any licensed member ever been revoked or suspended? **Yes** **No**
Explain: _____

58. Has there ever been any fine or penalty imposed by any insurance regulatory authority against the firm, any principal or executive officer of the firm or any licensee? **Yes** **No** If so, describe in full on a separate sheet.

59. Date the firm established: _____

60. If corporation, please list in full each of the corporation's officers with titles and directors. If partnership, list all partners: _____

61. Length of time Principal in business: _____

62. Has the applicant ever operated under another name? **Yes** **No** If so, list previous name(s): _____

63. Number of employees: _____

64. Please attach resume of **officers and key employees** with special reference to their insurance careers.
NOTE: Required **ONLY** if annual premium volume is less than \$10,000,000, or if Principal has less than five (5) years' experience)

65. Total volume of all business \$ _____; (a) of which _____% is retail; (b) of which _____% is wholesale; (c) of which _____% is other

66. Total Volume of wholesale business: (a) placed under binding authority _____% (b) brokered _____%

67. Total Volume of wholesale business which is: (a) produced from affiliated (related by ownership) (b) retailer _____% (c) produced from other retailers _____%

68. Total Volume of wholesale business which is placed with parent or affiliated insurance company : _____%

69. List your five leading company markets: _____

70. Are you a correspondent for a foreign broker? (a) London _____ (b) Other _____
Give Names and Addresses: _____

71. Are you tribunalized and/or hold a Lloyd's binding contract(s)? Yes No
Tribunalized? Yes No Hold a Lloyd's binding contract(s)? Yes No

72. Name two principals of Wholesale Broker or Company member firms and their firm name as references: _____

F. ASSOCIATE MEMBER

73. Describe business activities you provide in support of wholesalers and/or surplus lines companies/
underwriting managers: _____

74. Reason for applying for membership: _____

75. a. Date applicant established or incorporated : _____ b. Number of employees: _____

76. If Reinsurance Company: Please list areas of geographic activity: _____

77. If Reinsurance intermediary: Please list states in which the applicant is licensed as a reinsurance
intermediary: _____

78. If Lloyd's Broker:
a. Date approved by committee of Lloyd's: _____
b. Detail any areas of specialization: _____

79. Has a license of the firm or any licensed member ever been revoked or suspended? Yes No
Explain: _____

80. Has there ever been any fine or penalty imposed by any insurance regulatory authority against the firm,
any principal or executive officer of the firm or any licensee? Yes No If so, describe in full
on a separate sheet.

81. Name two principles of Wholesale Broker or Company member firms and their firm names as references: _____

Appropriate questions must be answered. The information developed by this questionnaire is required by the Association's bylaws and is kept in confidence. Submission of this application does not constitute automatic acceptance of membership.

NOTE: A change in ownership necessitates immediate advice of it.

In making this application for membership, I do declare the facts given herein are true to the best of my knowledge and I further declare compliance with the membership requirements. I am authorized to and hereby give consent for the organization listed above to receive faxes and emails at the number(s) listed above, sent by or on behalf of the Surplus Lines Association of New Jersey, Inc. I understand that I can revoke my/our consent at any time by contacting the Surplus Lines Association of New Jersey, Inc. in writing.

Signed: _____ Title: _____ Date: _____

Please list other members/employees of your firm who we should include on our emailing list:

Name:	Title/Function:	Email:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____