



# CHART EXCHANGE MEMBERSHIP APPLICATION FOR SYNDICATES AND RISK TAKERS

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**NOTE: All information will be treated as confidential. No specific details regarding your program will be released to anyone without your prior authorization.**  
**SUBMIT COMPLETED APPLICATIONS TO: INFO@CHART-EXCHANGE.COM**

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## GENERAL SYNDICATE INFORMATION

**Syndicate Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1. Approximate U.S.-based premiums written annually (in USD):**

Under \$10MM    \$10MM - \$50MM    \$50MM – \$100MM    Over \$100MM

**2. Does the Applicant employ a Delegated Underwriting Authority model as part of their overall U.S. market strategy?  Yes  No** If “Yes”, how many U.S-based Coverholders does the Applicant have? \_\_\_\_\_

**3. Does the Applicant specialize in any particular class of business?  Yes  No**  
If “Yes”, describe: \_\_\_\_\_

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**What types of products does the Applicant write in the U.S. (check all that apply)?**

- |  |  |
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| <input type="checkbox"/> Commercial Multiple Peril/Package | <input type="checkbox"/> Long-Haul Trucking      |
| <input type="checkbox"/> Workers Compensation              | <input type="checkbox"/> Livestock Mortality     |
| <input type="checkbox"/> Crop Coverage                     | <input type="checkbox"/> Medical Malpractice     |
| <input type="checkbox"/> Professional Liability            | <input type="checkbox"/> Management Liability    |
| <input type="checkbox"/> Property                          | <input type="checkbox"/> General Liability       |
| <input type="checkbox"/> Wet Marine                        | <input type="checkbox"/> Inland Marine           |
| <input type="checkbox"/> Bonds/Surety                      | <input type="checkbox"/> Aviation                |
| <input type="checkbox"/> Personal Lines                    | <input type="checkbox"/> Life, Accident & Health |
| <input type="checkbox"/> Other (Specify): _____            |  |

**APPLICANT EXPECTATIONS**

**What are the top five benefits the Applicant expects to derive from membership?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**The foundation of the CHART concept has been built on the definition of the word “Exchange” – to give something of value to obtain something of greater value. How will the Applicant support CHART (check all that apply)?**

- |   |   |
|---|---|
| <input type="checkbox"/> Attend CHART-sponsored meetings    | <input type="checkbox"/> Moderate Workshop                  |
| <input type="checkbox"/> Participate in Risk Taker Panel(s) | <input type="checkbox"/> Assist in new member recruitment   |
| <input type="checkbox"/> Sit on a Syndicate Sub-Committee   | <input type="checkbox"/> Sponsor a CHART meeting activities |
| <input type="checkbox"/> Other (Specify): _____             |   |

**By signing below, the Applicant:**

1. Attests that all of the information provided in the membership application is accurate.
2. Agrees to send a contingent of 3-5 representatives to each CHART-sponsored event.
3. Agrees to treat other members in accordance with the CHART Bill of Rights
4. Agrees to abide by the CHART Exchange by-laws

Signed by:

\_\_\_\_\_ Date

Applicant Representative

Date

**Membership dues are \$15,000 USD annually. Do not send payment with this form. The Syndicate will be notified upon approval of the Application; an invoice for the membership dues will be generated at that time.**