



# CHART EXCHANGE EARLY ADOPTER/EARLY BIRD MEMBERSHIP APPLICATION FOR CURRENT COVERHOLDERS AND INSURANCE AGENCIES

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](mailto:INFO@CHART-EXCHANGE.COM)

## GENERAL INFORMATION

Agency Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

List the individuals from the agency that will be active participants in CHART:

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

First-year member dues include discounted registration to the 2016 CHART October Event in Baltimore MD. Who should be registered? \_\_\_\_\_

## APPLICANT OPERATIONS

Total Annual Premiums Written: \$ \_\_\_\_\_

Is the Applicant a Lloyd's Coverholder?  Yes  No If "Yes", answer items a-d:

a. How many distinct binding authorities does the Applicant possess? \_\_\_\_\_

b. How long (in years) has the Applicant been a Coverholder? \_\_\_\_\_

c. Total Annual Premium written through Lloyd's: \$ \_\_\_\_\_

d. Does the Applicant have a relationship with a London Broker?  Yes  No

If "Yes", who? \_\_\_\_\_

Does the Applicant specialize in any particular class of business?  Yes  No

If "Yes", describe:

What types of products does the Applicant write? (check all that apply)

Commercial Multiple Peril/Package  
Workers Compensation  
Crop Coverage  
Professional Liability  
Property  
Wet Marine  
Bonds/Surety  
Personal Lines  
Other (Specify): \_\_\_\_\_

Long-Haul Trucking  
Livestock Mortality  
Medical Malpractice  
Management Liability  
General Liability  
Inland Marine  
Aviation  
Life, Accident & Health

### APPLICANT HISTORY

- 1) Has the Applicant had an Errors & Omissions claim in the past 5 years?  Yes  No
- 2) Has the Applicant, or any partner or employee of the Applicant, been named as a defendant in any pending litigation?  Yes  No
- 3) Has any application for insurance made on behalf of the Applicant ever been declined or has any such insurance been cancelled or non-renewed?  Yes  No
- 4) Has the Applicant, or any partner or employee of the Applicant, ever been subject to disciplinary action by any state licensing agency or other regulatory body?  Yes  No

If any of the Applicant History questions have been answered "Yes", provide a brief explanation:

## APPLICANT EXPECTATIONS

What aspects of the CHART Exchange appeal to the Applicant? (check all that apply)

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| Networking with peers              | Personal interaction with Risk Takers |
| Market Finder facility             | Meet potential business partners      |
| Compliance support                 | Cross-sell opportunities              |
| Learn/hone skills                  | Mentoring opportunities               |
| Find out about new Lloyds products | Expand existing distribution channels |
| Other (Specify): _____             |                                       |

What are the top three benefits the Applicant expects to derive from their membership?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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)?

- |  |   |
|--|---|
| Attend CHART-sponsored meetings                        | Volunteer for Advisory Board                |
| Participate in sub-committees                          | Assist in new member recruitment            |
| CHART Goes to London (CGL)<br>(Scheduled for May 2016) | Sponsor one of the CHART meeting activities |
| Other (Specify): _____                                 |   |

By signing below, the Applicant:

1. Attests that all of the information provided in the membership application is accurate.
2. Agrees to treat other members in accordance with the CHART Bill of Rights
3. Agrees to abide by the CHART Exchange by-laws

Signed by:

\_\_\_\_\_  
Applicant Representative

\_\_\_\_\_  
Date

**Membership dues are \$2,500 first year, \$1,000 at renewal. The first year membership fee includes one registration for the upcoming 2016 CHART Event in Baltimore MD.**

**Do not send payment with this form. The Agency will be notified upon approval of the Application; an invoice for the membership dues will be generated at that time.**