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# New Program Submission Application

Thank you for your interest in partnering with Fortegra. We appreciate the opportunity to review your submission. In completing your application, we ask that you please provide as much information as possible. If more information is needed, we will contact you to schedule a phone call or personal visit.

Upon completion, please email your application to Joe Alberti at [jalberti@fortegra.com](mailto:jalberti@fortegra.com). Please note: to qualify for review, all new program submissions must be accompanied by this application.

Again, thank you for the opportunity.

Sincerely,

**Joe Alberti**  
VP Specialty Programs  
904-357-2115

# General Guidelines (please include the below in your submission)

## Executive Summary

- Program overview and history including but not limited to:
  - Program age
  - Current program volume by line of business and state
  - Carrier history
  - Loss Ratio performance
  - Agency class of business expertise/experience
- Reason for new carrier/market
- Target start date
- Growth strategy
- Paper needed – admitted, non-admitted (note: Fortegra is currently an admitted carrier only)
- Special circumstances attributable to program's success (e.g. legal environment)

## Distribution

- Marketing
- Geographic breakdown
- MGA and independent agent responsibilities
- Desired commission levels by line of business (GA and sub-produced requirements)

## Underwriting

- Class of business
- Average account size
- Lines of business, classifications, and rating codes
- Ineligible risks
- General eligibility guidelines
- Eligibility by line of business
- Policy form information (ISO/NCCI manuscript)
- Copies of forms, endorsements, and application
- Primary limits breakdown by line of business
- Summaries of individual state legal environments

## Claims Experience

- Narrative of claims handling history including TPAs, carrier staff, vendors, etc.
- Five years currently valued loss runs by line of business (hard copy or electronic)
- Claims information including paid losses, number of claims, reserves, etc.
- Summary of losses over \$50,000

## Program Experience

- Annualized total written premium and inception to date
- Premium history by line and year
- Policy count by year
- Hit and renewal retention ratios
- Exposure history
- Rate and pricing change history
- Pure and ultimate loss ratio
- Premium projections

## Actuarial Information

- Recent actuarial evaluations
- Paid and incurred loss triangles by line of business
- Reported claim triangles by line of business

## Misc.

- Loss control programs
- Reinsurance profile/history
- Premium audit/finance
- Payment plan details (if any)

## Agency History

- Principals
- Agency type
- Incorporation date
- Existing business makeup
- Agency management and/or processing systems
- Desired risk-sharing participation (if any)
- Last three years of audited financial statements

# Program Overview

Briefly describe the program.

What is the annualized total written premium? \$\_\_\_\_\_

Is the program new? \_\_\_\_\_ If 'yes', please explain why you are investing in this program.

If the program is not new, who is the existing carrier and why are you considering a change?

What lines of business will be written? (Please include the total premium percentage allocated to each line.)

LINE OF BUSINESS	PREMIUM PERCENTAGE

In which states is the program currently written? (Please include the total premium percentage for each state.)

STATE	PREMIUM PERCENTAGE

## Risk Structure / Reinsurance

Does third party reinsurance exist? \_\_\_\_\_ If 'yes', please explain the structure and supporting markets. If an alternative risk vehicle is involved (e.g. captive, rent-a-captive, etc.), please describe the structure and entities.

# Product Specs and Underwriting

What is the policy count and average premium size?

What is the program's current expense structure?

Please provide a limits breakdown by line of business:

LINE OF BUSINESS	LIMITS PROFILE

What are the general eligibility guidelines by line of business?

LINE OF BUSINESS	ELIGIBILITY GUIDELINES

What classes or risks are ineligible under the current underwriting selection criteria? Why?

What type of policy forms are utilized, ISO or manuscript?

How is the program rated? If not ISO-based, please describe the rating process.

What loss control or risk management practices are in place?

How are claims handled?

How is the program marketed, direct or through an independent agency channel? Please elaborate.

If independent agent distribution, please list the agent's responsibilities.

Please note any special circumstances attributable to the program's success (e.g. legal environment, association endorsement, etc.)



# Program History

*Note: if this information is available electronically, please provide.*

How long has the program existed? Have there been any lapses in new business issuance?

What is the inception-to-date pure loss ratio (no IBNR)?

Please provide the historical premium and results for the program as noted below. Provide for at least the last five years. Include evaluation dates on any premium reports.

Year	Line of Business	Carrier	Annual Premium	Incurred Loss Ratio

**In addition, please provide the following information. Again, please provide electronically, if possible.**

- Summary of losses over \$50,000, including entire history of CAT losses
- Five years currently valued hard copy loss runs by line of business
- Recent actuarial evaluations
- Paid and incurred loss triangles by line of business
- Reported claim triangles by line of business
- Hit ratios and renewal retentions for previous years
- Rate and pricing change history
- Exposure history
- Any state legal summaries, if pertinent
- Loss descriptions used to identify underlying exposures

## Program Needs and Financial Information

*Note: at the present time, Fortegra is an admitted carrier partner only.*

What, if any, are the plans for expansion into other states?

What is the target start date for the program? \_\_\_\_\_

Please provide five-year premium projections by line of business and state.

Year	Line of Business	State	Premium

# Agency Information

What is the ownership structure including principals?

When was the agency incorporated?

How many employees are currently on staff (by functional area)?

What is the agency's total premium volume by line of business?

Line of Business	Annual Premium

What level and type of risk participation does the agency want to take on the program?

Please list your top three company relationships including line of business and tenure.

**Please attach the following additional information when submitting:**

- Copies of forms
- If not ISO, endorsements and applications