

Group Insurance Program Application

Name of Group: _____

Address: _____

Phone: _____

Web: _____

Contact Person: _____

Email: _____

Group Status:

Franchise Employer Association Union Non-Profit Class of Business
 Other:

Please describe the nature of operations: _____

Interest:

Group Home and Auto Program Commercial Insurance Program Group Benefits Plan

Are there existing group programs in place for this group?

No Yes – Group Home and Auto Program No. of years in existence: _____

Current Broker: _____ Current Insurer _____

No Yes – Commercial Insurance Program No. of years in existence: _____

Current Broker: _____ Current Insurer _____

No Yes – Group Benefits Program No. of years in existence: _____

Current Broker: _____ Current Insurer _____

If the program is existing, what is the penetration rate? _____

What is the average premium and type of policy(s)? _____

Are there any special wordings under the existing program if so describe/attach copies?

Any U.S.A. / Foreign / International exposures? _____

Policy type:

- master / certificate policy
 individual policies
 Subscription
 common expiry date
 various expiry dates
 Other: _____

Will the program be mandatory for all members? Yes No

If known, provide details about current program (loss ratios, group discounts, fees etc.)

What is the target penetration rate? Year 1 _____ Year 2 _____ Year 3 _____

If program is new, has a survey been done to assess the demand, if so, the results?

Please describe any certification training programs within the organization:

Group Demographics:

Number of individuals within the group:

Gender distribution: Male % Female %

Age Distribution:

Under 18 % 18-25 % 25-35 % 35-45 % 45-65 % Retiree's %

Classification and Average Incomes:

Executive % \$

Management % \$

Professional % \$

Skilled % \$

Clerical % \$

Temporary % \$

Education Distribution

University %

Other Post Secondary %

Apprenticeship %

Other/Unknown %

Regional Distribution of members:

Ontario % Manitoba % Quebec % Saskatchewan % Alberta %

British Columbia % Maritimes % Yukon/Territories %

Number of offices in each province, if applicable

Ontario Manitoba Quebec Saskatchewan Alberta

British Columbia Maritimes Yukon/Territories

*****This section to be completed by Employers Only**

Employment status:

Full-Time % Part-Time % Seasonal %

Will this program be offered to:

Retired members/employees Widows of members
 Dependant resident children and/or spouse

Indicate staff turnover rate for the last calendar year: _____

Have any layoffs have taken place in the preceding 3 years? _____

Are collateral benefits, (including STD/LTD) in place for all employees? Yes or No

Growth Objectives:

What growth rate is projected for the group?

After 1 year % 2 years % 3 years %

What is an attainable penetration rate for this group?

After 1 year % 2 years % 3 years %

Please outline the basis for these calculations:

Marketing Initiatives

Please note that a marketing plan, outlining a 12 month commitment to achieve the target penetration rates, is required for program approval.

Would the group make carry or give access to carry out the following initiatives?

- | | | |
|--|---|--|
| <input type="checkbox"/> Press release | <input type="checkbox"/> Flyers | <input type="checkbox"/> Employee Orientation Kits |
| <input type="checkbox"/> Email Blasts | <input type="checkbox"/> Pay inserts | <input type="checkbox"/> Newsletter Advertisement |
| <input type="checkbox"/> Website Page/Link | <input type="checkbox"/> Convention Participation | <input type="checkbox"/> Payroll Inserts |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Company Events | <input type="checkbox"/> Referral programs |
| <input type="checkbox"/> Other: _____ | | |

Signature: _____ Title: _____

Print Name: _____ Organization: _____