

Association Checklist

CURRENT SITUATION

Association Name: _____

Purpose of the Association: _____

Date of formation: _____

Are copies of incorporation documents and bylaws available? ☐ Yes ☐ No

State of domicile: _____

Approximate Number of Members: _____

Do you have Members in New York? ☐ Yes ☐ No

If "yes", approximately how many? _____

Describe the types of industries that make up your membership: _____

PLAN DETAILS

How will the plan be enrolled? _____

Is the plan(s) being quoted in force? ☐ Yes ☐ No

If "no", why is this plan(s) being offered? (Please describe the need.) _____

Is the plan(s) administered? How? _____

Are there other plans in force and being centrally administered? ☐ Yes ☐ No

Is a census available? ☐ Yes ☐ No

How will the Broker be compensated? ☐ Fee ☐ Commission

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Association Checklist

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IN-FORCE POLICY

Are other coverages in-force? ☐ Yes ☐ No

If "yes", describe the plan(s):
(i.e. participation, date established, etc.)

Do you have experience on any existing plans?

MARKETING

Is there a Broker of Record for this case? ☐ Yes ☐ No

If "yes", provide Broker's name and contact number:

Have Association members requested the plan? ☐ Yes ☐ No

Has a survey been made identifying interest in any type of particular plan? ☐ Yes ☐ No

Describe your marketing plan in detail:
(i.e. materials, communication, solicitation, time commitment/involvement, enrollment period, etc.)

How will you fund the marketing of the plan to members?

Describe the Association's on-going and renewal marketing plan:

PLAN DESIGN

Describe requested plan design(s) in detail: