



**TMPAA
CARRIER PARTNER
QUESTIONNAIRE**

CONFIDENTIAL

Dear TMPAA Carrier Partner:

The staff of TMPAA is always seeking ways to improve our Association for agency members, carrier partners, and vendor affiliates.

Enclosed is a fairly comprehensive questionnaire that may appear to be daunting, yet should only take about one-half hour to complete. Your responses will be held in the strictest confidence.

Help us to serve you better. If you have any ideas on how we can improve, please utilize this questionnaire as the forum to provide your thoughts. We'd like to have all responses returned to us by May 1, 2009.

Sincerely yours,



Ray Scotto, Executive Director
Target Markets

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TMPAA CARRIER/PARTNER QUESTIONNAIRE

Target Markets, Inc., 4001 Miller Road, Wilmington, DE 19802-1999
Tel: 302-765-6048 • Fax: 302-765-6037 • www.targetmarkets.com

NOTE: All information will be treated as confidential. No specific details regarding your program will be released to anyone without your prior authorization. Please use bottom of last page to complete any answers requiring additional space (reference Section and question number).

GENERAL CARRIER/PARTNER INFORMATION

- 1. Carrier Name _____
Street Address _____
1 City _____ State _____ Zip Code _____
- 2. Name of Primary
TMPAA Contact _____ Contact Title _____
E-Mail Address _____ Tel (____) _____ Fax (____) _____

CARRIER PROGRAM BUSINESS STRATEGY AND RISK PREFERENCES

- 1. Total years has the Carrier been involved in Program Business: _____ Current A.M. Best Rating: _____
- 2. How many Program Administrators/Managing General Agencies does the Carrier currently have? _____
Are any existing TMPAA members? Yes No *If "Yes", how many?* _____
- 3. Which business classifications possess the risk characteristics that the Carrier is most interested in pursuing (lawyers, contractors, etc)? _____
- 4. Which product lines is the Carrier most likely to offer to a market niche via a program (check all that apply)?
 Property General Liability Workers Compensation Umbrella Management Liability
 Auto Medical Malpractice Inland Marine Other (please specify): _____
- 5. Please provide a brief overview of the Carrier's underwriting philosophy as it relates to Program Business:

- 6. Are there any risk demographics (business class, geographic location, revenue size, etc) that the Carrier will not consider for a Program? Yes No *If "Yes", describe:* _____

- 7. Will the Carrier partner with an MGA to launch a new Program? Yes No *If "Yes", briefly describe the circumstances under which a new Program would be considered:* _____

- 8. If the Carrier is interested in existing Programs, what is the minimum Annual Premium to be considered? \$ _____

CARRIER'S PAST INVOLVEMENT IN TMPAA

1. Which TMPAA-Sponsored Events has the Carrier participated in (check all that apply):
ANNUAL SUMMIT: 2001 2002 2003 2004 2005 2006 2007 2008
MID-YEAR EVENT: 2004 2005 2006 2007 2008
2. Typically, how many Carrier representatives attend each event? 1-3 4-7 8-10 Over 10
3. Have you or any of your Carrier representatives ever met with an Agency Member at an Association-sponsored event to discuss a program proposal? Yes No
4. Has the Carrier successfully negotiated the transition of an existing program or established a new program through introductions/appointments made at an Association-sponsored event? Yes No
If "Yes", provide some detail, including when the initiative was launched: _____

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5. Since 2002, has the Carrier successfully negotiated the transition of an existing program or established a new program through the utilization of services provided by Benfield (now AON/Benfield)? Yes No
If "Yes", provide some detail, including when the initiative was launched: _____

6. If the response to either Question 4 or 5 was "Yes", would the Carrier be willing to provide a testimonial about the experience that would be shared with current and prospective Agency Members? Yes No
7. Has the carrier purchased goods or services offered through any of TMPAA's Vendor Partners? Yes No
If "Yes", provide some detail, including when the product or service was purchased: _____

8. Has the Carrier participated in panel discussions, workshops, etc. held during TMPAA-Sponsored events? Yes No
9. Has the Carrier participated in the Golf Outings held prior to the Annual Summit? Yes No

10. The Association provides sponsorship opportunities for both Carriers and Vendor/Partners at all TMPAA events. Please indicate which events the Carrier has sponsored in the past (*check all that apply*):
- | | | |
|--|--|---|
| <input type="checkbox"/> Keynote Speaker Sponsor | <input type="checkbox"/> Name Tag Sponsor | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Name Tag Lanyard Sponsor | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Portfolio Sponsor |
| <input type="checkbox"/> Website/Marketing Sponsor | <input type="checkbox"/> Portfolio Pen Sponsor | <input type="checkbox"/> Networking Lunch |
| <input type="checkbox"/> Break Station Sponsor | <input type="checkbox"/> Golf Event | <input type="checkbox"/> Program Book-Logos |
| <input type="checkbox"/> Hotel Key Card Sponsor | <input type="checkbox"/> Hotel Information Cards | <input type="checkbox"/> Program Book-Ads |
- Other(describe): _____

11. Since joining TMPAA, has the Carrier ever participated in or served on an Association advisory group? Yes No
12. Since joining TMPAA, has the Carrier ever:
- a. Encouraged your MGAs/PAs to become members? Yes No
 - b. Encouraged your member MGAs/PAs to secure a Best Practices Designation? Yes No
 - c. Invited any of your non-member MGAs/PAs to attend an Association-Sponsored Event as your guest? Yes No
 - d. Provided Association membership to any of your MGAs/PAs as an incentive or holiday gift? Yes No
 - e. Paid for TMPAA marketing services through the Association? Yes No
13. If a Carrier does not actively encourage its MGAs/PAs to become members of TMPAA, should it be allowed to remain affiliated with the Association? Yes No *Please explain:*

CARRIER’S FUTURE INVOLVEMENT IN TMPAA

It is the goal of TMPAA to ensure that all members receive maximum value from their participation in the Association. In this next section, we will be soliciting your feedback regarding ways to improve the benefits you receive through the Carrier’s affiliation with us.

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1. Does the Carrier’s future strategy in Program Business involve the purchase/acquisition of distribution?
 Yes No *If “Yes”, what are the targeted acquisition parameters?* _____

 2. On a scale of **1** to **10** (*10=highest*) how satisfied are you with the existing meeting format utilized at all TMPAA-Sponsored Events? _____ *If the ranking is less than “5”, provide some detail:* _____

 3. On a scale of **1** to **10** (*10=highest*) how satisfied are you with the “Meet the Markets” facilities currently in place through TMPAA? _____ *If the ranking is less than “5”, provide some detail:* _____

 4. What can the Association do to help support your program business-related strategic goals—outside of those Carrier/ Agency networking opportunities provided during TMPAA-Sponsored events? _____

 5. Would the Carrier be willing to participate in any future panel discussions or facilitate any future workshops at TMPAA-Sponsored events? Yes No *If “Yes”, provide some detail, including topics of discussion, preferred format, etc:*

 6. The Association is considering launching TMPAA University—structured classroom-like sessions teaching practical skills needed to run an efficient Program Administrator operation. More information on this concept can be found on the TMPAA website. Do you believe this would be perceived as a valuable benefit to the Agency Membership?
..... Yes No *If “Yes”, would you be willing to sponsor a module?* Yes No
 7. On a scale of **1** to **10** (*10=highest*) how satisfied are you with the degree to which Carrier interests are addressed within the Association _____ *If the ranking is less than “5”, provide some detail, including recommendations as to how these perceived deficiencies should be addressed:* _____

 8. On a scale of **1** to **10** (*10=highest*) how satisfied are you with the quality/scope of services offered by TMPAA’s Vendor/Partners? _____ *If the ranking is less than “5”, provide some detail:* _____

ADDITIONAL COMMENTS

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