

Thank you for your interest in Meadowbrook Insurance Group. We appreciate the opportunity to review your Program Opportunity. Please provide us as much of the following information as possible.

Upon completion please click the Submit button a the end of this form to email your submission to our Business Development team.

Program Overview

Briefly describe the program.

What is the total written premium on an annualized basis?

What are the lines of business written in the program? Include the premium percentage for each line.

Line of Business	Percentage of Premium

What states is the Program currently written in? Include the premium percentage for each state.

State	Premium %

What is the developed loss ratio (including IBNR)?

Who is the existing carrier?

Who is the excess reinsurer?

Is any type of alternative risk vehicle involved in the current program, i.e. captive, rent-a-captive, profit sharing plan? If so, please describe risk sharing arrangement.

What is the current policy count and average premium size?

What is the current expense structure for the program?

Describe if any, the pay plans the program utilizes.

Provide a primary limits break-down by line of business (Limits Profile).

Provide the classifications and rating codes.

What are the general eligibility guidelines by line of business?

Are there significant classes/risks that are ineligible under the current underwriting selection criteria that are worthy to note?

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

How is the program rated, standard ISO approach? If no, describe the rating process (include what exposure base is taken into consideration).

What loss control/risk management practices are in place with the current program?

How are the claims handled?

How is the current program marketed?

What percentage of the book is direct business/sub-produced?

% Direct	% Sub-Produced

Please list the agent's responsibilities.

What are the Agency's relationships in the program? (MGA, GA, retail, wholesale)

Note any special circumstances attributable to the program's success, i.e. legal environment, association endorsement, etc.

Historical Program Information

Note: If this information is available electronically, please provide to us.

How many years has the program been in existence?

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

Please provide the historical premium for the program by year, line of business, carrier and premium for at least the last five years. Include evaluation dates on any premium reports.

Year	Line of Business	Carrier	Premium

Provide a historical policy count.

Year	Line of Business	Policy Count

Provide a summary of the claims experience for the last five years, including premium and incurred losses for each year. Be sure and include evaluation date of claims.

Year	Line of Business	Premium	Incurred Losses

In addition, please provide the following information. Again, anything available electronically, please provide to us.

- Summary of the large losses
- 5 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 legal summaries of states if pertinent

Program Needs

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

What is the target start date for the program and why?

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

Year	Line of Business	State	Premium

Does the program need admitted paper?

Agency Information

What is the ownership structure (include principals)?

When was the agency incorporated?

What is the existing business make-up?

What is the current size of the staff?

What is the agency's total premium volume (broken out by line)?

What are the key reasons the agency is seeking a new program carrier?

What is the agency's expertise in this class of business? How many years of experience do you have in this area?

What, if any level of participation does the agency want to take on the program?

Please list your top 3 company relationships and detail number of years you have worked with them and line of business.

Please attach the following additional information when submitting:

- Copies of forms
- If not ISO...Endorsements and applications

Please contact us with any questions:

Archie McIntyre amcintyre@meadowbrook.com (248) 204-8518

Tim Harkins tharkins@meadowbrook.com (248) 204-8170