

## 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.)

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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?

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Please describe any certification training programs within the organization:

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**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:

Education Distribution

Executive  % \$

University  %

Management  % \$

Other Post Secondary  %

Professional  % \$

Apprenticeship  %

Skilled  % \$

Other/Unknown  %

Clerical  % \$

Temporary  % \$

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:

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**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: \_\_\_\_\_