



2275 Research Blvd., Suite 250
Rockville, MD 20850

Phone: 301.947.9000
Fax: 301.947.9090
www.piaa.us

Affiliate Partner Application Form

PART A - GENERAL INFORMATION

1. Name of Applicant Organization _____ Date of Application _____

2. Main Corporate Address

Mailing Address

Physical Location Street Address, if different

Mailing City, State, Zip+4

Physical City, State, Zip+4

3. Main Telephone Number* Main Fax Number* Website Address

*please include all digits necessary for dialing from the United States

4. Please Provide Names and Titles:

Designated Representative to PIAA¹:

Name & Title

Address (if different from corporate)

Telephone

Email

Alternate Representative to PIAA:

Name & Title

Address (if different from corporate)

Telephone

Email

¹ The designated representative to PIAA is the individual who will receive a copy of all member mailings/emails distributed on a one-per-member basis, including administrative mailings (i.e. dues renewal notices, member surveys, etc.) and other important member program notices or alerts. All other contacts listed here will not receive mailings from PIAA unless requested or approved by the designated representative.

(Over)

PART B - INFORMATION FOR ALL AFFILIATE PARTNER APPLICANTS

1. Describe the Types of Products and Services You Offer to PIAA Member Companies.

2. Method Of Ownership

_____ Stock Company - Publicly Traded

_____ Stock Company - Closely Held _____

_____ Sole Proprietor/Partnership (By Whom) _____

_____ Other (Specify) _____

3. Describe Existing Relationships With Current PIAA Members.

PART C – INFORMATION FOR REINSURER APPLICANTS ONLY (Optional)

1. Lines of Insurance - Please Indicate All Lines Reinsured:

<u>Line of Business</u>	<u>Annual Gross Written Premium (\$US Mil)</u>	<u>Number of Clients</u>
Medical Malpractice - Physicians	_____	_____
Dental Malpractice	_____	_____
Professional Corporations	_____	_____
Hospital/Institutional Liability	_____	_____
Other Healthcare Professionals (Specify) _____	_____	_____
Other Healthcare Liability (Specify) _____	_____	_____
Other (Specify) _____	_____	_____
TOTAL	_____	_____

2. Method of Ownership:

_____ Stock Insurance Company - Publicly Traded

_____ Stock Insurance Company - Closely Held _____

_____ Mutual Insurance Company (By Whom) _____

_____ Other (Specify) _____

3. Professional/Institutional Liability Policy/Coverage Types Reinsured

<u>Type</u>	<u>% of Policies</u>	<u>Type</u>	<u>% of Policies</u>
Claims Made Occurrence	_____	CM/Prefunded Tail Discretionary	_____
Other (Specify)	_____		

4. Countries/States/Provinces of Insurance Operations:

5. List PIAA Member Companies with Which You Currently Have Reinsurance Relationships:

PART D - AUTHENTICATION (All must complete)

Category of Affiliate Partner category desired (see attached description)

	<u>Category</u>	<u>2017 Annual Dues</u>
_____	Advantage	\$5,000
_____	Premium	\$10,000

Please note, PIAA will send you an invoice once your application is approved and the initial membership dues will be prorated by the number of full months left in the calendar year. Also, the Designated Representative will have an opportunity to update and verify your information when renewing your membership on an annual basis.

Please check your preference below:

___ Our check is included with this application.

___ Please send us an invoice.

___ We would like to play by credit card (please fill out below)

Credit Card Type: ___ AMEX ___ Visa ___ MasterCard

Credit Card #: _____

Exp. Date: _____

Full Name on Card: _____

Signature of Individual Completing Application

Name and Title

Date

Telephone

Email