

MPR-FINTRA, INC.
FINTRA INTERNATIONAL
7700 Congress Avenue, Suite 3108
Boca Raton, Florida 33487
PH: 561-338-7488

APPLICATION FORM

ALTERNATIVE RISK APPLICATION FORM (ART)

1. Name of Applicant _____

2. TYPE OF ART STRUCTURE SOUGHT BY APPLICANT:

- RETROSPECTIVELY RATED PROGRAM
- WRAP-UP OR OWNER CONTROLLED INSURANCE PROGRAM
- SELF INDIVIDUAL BUSINESS PROGRAM
- SELF INSURED GROUP PROGRAM
- OWNED CAPTIVE PROGRAM
- SEGREGATED CELL RENT-A-CAPTIVE PROGRAM
- FULLY FUNDED CAPTIVE OR RENT-A-CAPTIVE SCC PROGRAM
- RISK RETENTION GROUP
- RECIPROCAL INSURANCE COMPANY
- OTHER : _____

3. STATE THE NAMES OF THE PERSONS AND/OR ENTITIES WHO WILL OWN THE PROGRAM AND THEIR PERCENTAGE OF OWNERSHIP.

- A. IF ORGANIZATIONS, LIST THE LEGAL NAME, ADDRESS, AND FEIN OF ORGANIZATIONS. USE A SEPARATE SHEET OF PAPER IF NECESSARY.
- B. IF INDIVIDUALS, LIST THE FULL NAME, HOME ADDRESS, CONTACT INFORMATION AND SSN OF EACH SHAREHOLDER AND THE PERCENT OF STOCK TO BE OWNED BY EACH INDIVIDUAL..

4. WHAT COVERAGE OR COVERAGES ARE BEING SOUGHT?

5. ATTACH A RESUME OF EACH KEY PERSON INVOLVED IN THE PROGRAM

6. IF THE COMPANY, GROUP OR INDIVIDUALS SEEKING ART COVERAGE HAVE A WEB SITE, WHAT IS ITS ADDRESS?

7. PLEASE ATTACH AN EXECUTIVE SUMMARY OF THE PROGRAM OBJECTIVES SOUGHT BY THE APPLICANT.

8. PLEASE PROVIDE FIVE TO SEVEN YEARS OF EXPOSURE, PREMIUM AND LOSS HISTORY. PREFERABLY IN EXCEL ELCETRONIC FORMAT. HARD COPIES ARE ALSO ACCEPTABLE.

9. PLEASE ATTACH THE LAST TWO YEARS AUDITED, REVIEWED OR COMPILED FINANCIAL STATEMENTS IF AN ORGANIZATION, ASSOCIATION OR FOR PROFIT ENTITY IS THE APPLICANT.

10. WHAT ARE THE ESTIMATED PREMIUMS:

YR 1 _____

YR 2 _____

YR 3 _____

11. WHO IS THE KEY CONTACT PERSON FOR INSPECTIONS AND RISK MANAGEMENT?

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

12. WHO IS THE KEY CONTACT PERSON FOR FINANCIAL MATTERS?

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

(Signature of Applicant)

(Date)

(Printed or Typed Name)

(Title)