SRMC
APPLICATION FOR FIRM MEMBERSHIP

1. Firm Name_____

2. Office Street Address_____ City_____

   State_____Zip Code_____Telephone_____

3. E-mail Address_____

   Web Site Address_____

4. Briefly describe the range of independent consulting services, which your Firm provides, with emphasis on the percentage of time for major specialties (e.g., property and liability insurance, loss control, employee benefits, etc.)

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5. Licensing

A. Does your jurisdiction (state or province) require that your Firm be licensed?

Yes _____ No _____

If so, what type of license is required? _____

B. Is your Firm licensed as required? Yes _____ No _____

6. Has your Firm ever been known by any name other than the one on this application?

Yes _____ No _____

If Yes, disclose any prior names _____

FIRM DATA

7. Is your firm only owned by its principals? Yes ____ No _____
If no, state name, address and business of all owners.

_____
_____
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8. List all the activities of the firm which are not specifically independent risk management consulting, as defined in SRMC's Requirements for Membership.

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9. Explain in detail the scope and extent of commercial activities of your firm and any related holding companies in the field of:

A. Selling or underwriting property/casualty or life/health insurance.

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B. Captive insurance company management or administration

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C. Self-insurance administration.

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_____

D. Loss prevention engineering.

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E. Claims administration and/or loss adjusting.

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_____

F. Property appraisals.

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_____

G. Risk management or insurance publications.

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_____

Please explain any Yes answer to Questions 10, 11, 12, 13 and 14 in a separate attachment.

10. Is any member of your firm a director or executive in, or employee of, or owner of any stock representing a substantial interest, direct or indirect, in any insurer, insurance sales entity, service organization, dealer, supplier or manufacturer of any product the purchase of which you or your firm may have been in a position to recommend or encourage? Yes _____ No _____

11. Has any member of your firm recommended or encouraged the purchase of insurance, services or products in any insurer, insurance sales entity, service organization, dealer, supplier or manufacturer in which any member of his or her immediate family held a directorship or executive or sales position or had a substantial interest? Yes _____ No _____

12. Is any member of your firm related to anyone who is a director or executive in or any employee of or who owns stock of substantial interest, direct or indirect, in any insurer, insurance entity, service organization, dealer, supplier or manufacturer of any product the purchase of which you or your firm may be in a position to recommend or encourage? Yes _____ No _____

13. Have any, do any or will any members of your firm at any time perform consulting services for a fee for agents or brokers, or perform services for others for fees paid by agents or brokers? If yes, explain and indicate the frequency and percentage of such work out of all of your firm's consulting activities, the percentage of your revenues resulting from such work and explain your disclosure policy when working with a client which may use an agent/broker you have worked for or which is considering the use of an agent/broker you have worked for. Yes _____ No _____

14. Has your firm or any member thereof:

A. Been charged in any capacity by an insurer, society, employer or others with irregularities in money or any other transactions? Yes _____ No _____

B. Been fined (other than for a traffic violation) by any state or governmental agency or authority? Yes _____ No _____

C. Been arrested, indicted for, or convicted of any crime or offense other than traffic violation? Yes _____ No _____

D. Been accused of or questioned regarding any illegal or unethical conduct by any professional organization, employer or clients? Yes _____ No _____

E. Been refused a license or had none suspended or revoked for cause by any state or governmental agency or authority? Yes _____ No _____

15. Firm Compensation

A. In what ways is your Firm compensated for its work? Please list each method.

_____

_____

B. Is your firm ever compensated by anyone other than the client that you are analyzing?

Yes _____ No _____

If Yes, please explain: _____

_____

C. Does your firm share fees with others in work done by either party?

Yes _____ No _____

If Yes, please explain: _____

_____

D. Does your firm guarantee savings, or work on a percentage of premium saved?

Yes _____ No _____

16. Details of Professional Practice

Please indicate by separate attachment, complete information regarding your Firm's methods of practice in risk management consulting as well as the professional and promotional practices of your firm.

PLEASE SUBMIT SAMPLES IN TRIPLICATE OF ANY ADVERTISING OR PROMOTIONAL MATERIALS.

17. Pledge of Applicant (to be affirmed by an Officer)

I have reviewed the Requirements for Membership and code of Ethics of the Society of Risk Management Consultants.

My Firm is engaged in risk management consulting publicly and for a fee. The Firm devotes the majority of its working time to risk management consulting and I believe that the Firm shall be eligible for membership.

I understand that if the Firm is accepted as a member of the Society of Risk Management Consultants, I will be asked to sign an Affirmation Statement each year affirming acceptance and compliance with the principals of the Society.

The Firm hereby applies for membership in the Society of Risk Management Consultants and the Firm agrees to become bound by the Requirements for Membership, the Code of Ethics and the By-Laws established by the Society.

I attest to the accuracy of the information provided with this application and grant permission to the Society and its representatives to make any investigation which may be necessary to establish the Firm's qualifications for membership.

The Firm agrees to be bound by the decisions of the Membership Committee and the Board of Directors of the Society and I agree to the acceptance or non-acceptance of the Firm's Application for Membership.

Date: _____ Signature: _____

Print Name and Title: _____

Return this application to the SRMC Membership Chair as follows:

Thomas J. Krzys, CPCU, ARM
Insurance Buyers' Council, Inc.
9720 Greenside Drive, Suite 1E
Cockeysville, Maryland 21030

Contact Mr. Krzys to discuss any technical or eligibility questions at:

Telephone: 410-666-0500, Extension 206
Fax: 410-666-6177
Email: tkrzys@consultibc.com

Dues will be based on the number of consultants delivering services under the Firm's name regardless of their status as an employee or independent contractor, and regardless of the consultant's status as an individual Full, Associate or International Member of the SRMC. Lifetime members are not to be included in the count.

An independent contractor is to be included in the count if the independent contractor provides ongoing or routine services similar to an employee consultant. An independent contractor engaged as a resource to provide special knowledge or expertise not otherwise possessed by the Firm for an individual project or engagement is not to be included in the count.

Indicate the number of consultants delivering services under the Firm's name according to the above rules: _____

The current dues structure is as follows:

Firms with 1 to 3 consultants	$ 300
Firms with 4 to 6 consultants	$ 600
Firms with 7 to 10 consultants	$ 900
Firms with 11 or more consultants	$1,200

Do not send a check for dues at this time.