



SRMC

...Your Assurance of Objectivity, Independence and Integrity.

APPLICATION FOR MEMBERSHIP

If you need more space for any sections, please complete this on a blank sheet of paper.

PERSONAL & PROFESSIONAL INFORMATION

1. Full Name	
2. Firm Name	
3. Position / Title	
4. Firm Address	
Office Telephone	
5. Email Address	
Website Address	
6. Home Address	
Personal Telephone	
7. Date & Place of Birth	
8. Citizenship	

9. EDUCATION

Please include all tertiary education (including advanced or graduate studies)

Name and address of school	From	To	Major	# of years	Degree

10. PROFESSIONAL COURSES

Course Name	Description (include Organization who conducted course)	Year

11. PROFESSIONAL DESIGNATIONS RECEIVED

Designation	Description	Year Received

12. PROFESSIONAL ORGANIZATIONS

Organization	Offices or Chairs Held	From (mm/yyyy)	To (mm/yyyy)

13. PRINCIPAL PUBLISHED ARTICLE AND BOOKS

Article or Book	Dates	Periodical or Publisher

14. CONSULTING EXPERIENCE

List all organizations by which you have been employed in public practice as an independent risk management consultant. List chronologically, starting with your most recent employer. If self-employed, so indicate. Show each position held in each firm.

Firm Name, Address, Contact Info	Position Held	From (mm/yyyy)	To (mm/yyyy)	Total years & months

Briefly describe the range of independent consulting services, which you personally provide, with emphasis on the percentage of time for major specialties (e.g., loss control, employee benefits, etc.)

Explain your personal client responsibilities and extent of client contact:

How long have you had major responsibility and client contact in consulting assignments? Explain your personal client responsibilities and extent of client contact:

15. EXPERIENCE OTHER THAN INDEPENDENT RISK MANAGEMENT CONSULTING

Please summarize a minimum of your last five years of experience other than in the practice of in-dependent risk management consulting, beginning with the most recent position held.

Firm Name, Address, Contact Info	Position Held	From (mm/yyyy)	To (mm/yyyy)	Total years & months

Briefly describe your previous experience with each firm.

16. LICENSING

	Yes	No
A. Does your jurisdiction (state or province) require that independent consultants be licensed?		
If so, what type of license is required?		
B. Are you licensed as required?		
C. Do you hold an agent's and/or broker's license of any kind?		
If so, what type, how many and why?		

	Yes	No
17. Have you ever been known by any name other than the one on this application?		
18. Have you at any time while holding yourself out as a consultant been a director or executive in, or employee of, or owned any stock which gave you a substantial interest, direct or indirect, in any insurer, insurance sales entity, service organization, dealer, supplier, or manufacturer of any products, the purchase of which you or your firm may have been in a position to recommend or encourage?		

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<p>19. Have you at any time, while holding yourself out as a consultant, recommended or encouraged the purchase of insurance, services or products from any insurer, insurance sales entity, service organization, dealer, supplier or manufacturer of which any member of your immediate family held a directorship or executive or sales position or had a substantial interest?</p>		
<p>20. Are you related to anyone who is a director or executive in or an employee of or who owns any stock which gives him a 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?</p>		
<p>21. Have you, do you or will you at any time while holding yourself out as a consultant perform 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 your consulting, 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.</p>		
<p>22. Have you, individually, or through connection with a partnership or corporation:</p>		
<p>A. Been charged in any capacity by any insurer, society, employer or others with irregularities in money or any other transactions?</p>		
<p>B. Been fined (other than for a traffic violation) by any state or governmental agency or authority?</p>		
<p>C. Been arrested, indicted for, or convicted of any crime or offense other than traffic violation?</p>		
<p>D. Been accused of or questioned regarding any illegal or unethical conduct by any professional organization, employer or clients?</p>		
<p>E. Been refused a license or had one suspended or revoked for cause by any state or governmental agency or authority?</p>		
<p>F. Compromised liabilities with creditors; been insolvent, or adjudged a bankrupt?</p>		
<p>If you answered "yes" to any of the above questions (17-22), please give full particulars in the space available or by separate attachment.</p>		

FIRM DATA

	Yes	No
23. Is your firm only owned by its principals?		
<i>If no, state name, address and business of all owners in the space below</i>		
24. List all the activities of the firm which are not specifically independent risk management consulting, as defined in SRMC's Requirements for Membership.		
25. 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. Captive insurance company management or administration.		
B. Self-insurance administration.		
C. Loss prevention engineering.		

D. Claims administration and/or loss adjusting.
E. Property appraisals.
F. Risk management or insurance publications.

	Yes	No
26. 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?		
27. 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?		
28. 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?		
29. 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.		
30. 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?		
B. Been fined (other than for a traffic violation) by any state or governmental agency or authority?		
C. Been arrested, indicted for, or convicted of any crime or offense other than traffic violation?		
D. Been accused of or questioned regarding any illegal or unethical conduct by any professional organization, employer or clients?		
E. Been refused a license or had none suspended or revoked for cause by any state or governmental agency or authority?		

31. FIRM COMPENSATION

	Yes	No
A. In what ways is your firm compensated for its work? Please list each method.		
Fee for service, hourly or flat-fee		
B. Is your firm ever compensated by anyone other than the firm that you are analyzing? If yes, please explain.		
Not to my knowledge		
C. Does your firm share fees with others in work done by either party? If yes, please explain.		
Yes, to my knowledge with HorizonScan, a UK firm that specializes in catastrophe response and other areas where Compass doesn't focus.		
D. Does your firm guarantee savings, or work on a percentage of premium saved?		

32. DETAILS OF PROFESSIONAL PRACTICE

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

Be sure to indicate the percentage of your time devoted to risk management consulting and the basis on which you or your firm charge for services.

The statement should also show the extent of your experience, reflect your understanding of the practice of risk management consulting, and your familiarity with the current state of the art.

PLEASE ATTACH SAMPLES OF ANY PROMOTIONAL MATERIALS OF YOURS OR YOUR FIRM NOT FOUND ON YOUR WEBSITE (e.g., ADVERTISING, BROCHURES, etc.)

33. CHARACTER AND PROFESSIONAL REFERENCES

Please list below four references, three of whom must be officers or executives of clients served during the past five years. Where applicable, one must be your present employer or partner.

Officers and members of professional groups of which an applicant is a member do not qualify as references. References must not include relatives or persons who are related to each other.

1.	Name	
	Position	
	Telephone Number	
	Company or Occupation	
	Address	
	Email Address	
2.	Name	
	Position	
	Telephone Number	
	Company or Occupation	
	Address	
	Email Address	
3.	Name	
	Position	
	Telephone Number	
	Company or Occupation	
	Address	
	Email Address	
4.	Name	
	Position	
	Telephone Number	
	Company or Occupation	
	Address	
	Email Address	

34. PLEDGE OF APPLICANT

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

I am engaged in risk management consulting publicly and for a fee. I devote the majority of my working time to risk management consulting and I believe that I shall be eligible for membership. Also, I believe that the ownership, operation, and practices of my firm do not represent any conflicts with my qualification for SRMC membership.

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

I hereby apply for membership in the Society of Risk Management Consultants, and I agree 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 and check of references which may be necessary to establish my qualifications for membership.

I agree to be bound by the decisions of the Membership Committee and the Board of Directors of the Society and I agree to their acceptance or non-acceptance of my Application for Membership.

Date:

Applicant's Signature:

A non-refundable application fee, in the amount of \$50.00 (*United States Dollars*), is payable to the Society of Risk Management Consultants, and following receipt of your application, you will receive information on how to pay this electronically.

Return your completed application by email to:

James Nunn
Executive Director
Society of Risk Management Consultants
jnunn@srmcsociety.org

SRMC Membership Application

Contact the Membership Committee Chair, Mr. Durrett to discuss any technical or eligibility questions by phone at +1-770-565-1200 or by email at mac@ddrmi.com.

Please note that dues are based on the number of consultants delivering services under the firm's name. Refer to the Application for Firm Membership for details.