



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	
5. Office Telephone	
6. Email Address	
7. Website Address	
8. Home Address	
9. Personal Telephone	
10. Date & Place of Birth	
11. Citizenship	

12. EDUCATION

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

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

13. PROFESSIONAL COURSES

Course Name	Description (include Organization who conducted course)	Year

14. PROFESSIONAL DESIGNATIONS RECEIVED

Designation	Description	Year Received

15. PROFESSIONAL ORGANIZATIONS

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

16. PRINCIPAL PUBLISHED ARTICLE AND BOOKS

Article or Book	Dates	Periodical or Publisher

17. 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:

--

18. 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.

--

19. 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?		

SRMC Membership Application

	Yes	No
20. Have you ever been known by any name other than the one on this application?		
21. 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 or will be in a position to recommend or encourage?		
22. 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?		
23. Are you related to anyone who is a director or executive in or an employee of or who owns any stock or ownership interest 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?		
24. 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>If you answered “yes” to any of the above questions (20-24), please give full particulars in the space available or by separate attachment.</p>		

FIRM DATA

	Yes	No
25. Is your firm only owned by its principals?		
<i>a. If no, state name, address and business of all owners in the space below</i>		
•		
<i>b. To the extent that any owners listed in response to 25(a). are owned (in whole or in part) by parent company(ies), please provide the name, address and business of the parent company(ies) in the space below or by separate attachment</i>		
	Yes	No
<i>c. Do any of the owners and/parent companies listed in response to 25(a). and/or 25(b) have 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 or will be in a position to recommend or encourage?</i>		
	Yes	No
<i>d. To the extent that any parent company or owner listed in response 25(b) are owned, in whole are in part, by other parent companies, do those companies have 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 or will be in a position to recommend or encourage?</i>		
	Yes	No
<i>e. Have you at any time while holding yourself out as a consultant and/or working with your firm received any directive, encouragement, or incentive program from the members of the firm or the owners/parent companies listed or referenced in Questions 25(a) – 25(d) to recommend, provide deferential evaluation of, or encourage the purchase of insurance, services or products from any insurer, insurance sales entity, service organization, dealer, supplier or manufacturer in which they had a substantial interest?</i>		
If you answered “yes” to any of the above questions or sub-questions 25(a) – 25(e), please give full particulars in the space available or by separate attachment.		

--

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

--

27. 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
28. 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?		
29. 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?		
30. 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?		
31. 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.		
If you answered "yes" to any of the above questions (28-31), please give full particulars in the space available or by separate attachment.		

32. FIRM COMPENSATION

	Yes	No
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 firm that you are analyzing? If yes, please explain.		
C. Does your firm share fees with others in work done by either party? If yes, please explain.		
D. Does your firm guarantee savings, or work on a percentage of premium saved?		

33. DETAILS OF PROFESSIONAL PRACTICE

SRMC Membership Application

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.)

34. 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	

35. 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@srmcociety.org

Contact the Membership Committee Chair, Kevin Kelly, at membership@srmcociety.org with any questions.

SRMC Membership Application

Please note that dues are based on the number of consultants delivering services under the firm's name. Refer to the Addendum #2- Firm Application for Membership for details.

ADDENDUM #1

Please review and respond to the following questions as a part of the application process. Responses to Addendum #1 will be initially reviewed by only the Membership Committee and the Board of Directors. To the extent that answers provided below warrant disclose to the membership at large, SRMC will contact and discuss with the applicant prior to such general disclosure.

1. Have you, individually, or through connection with a partnership or corporation:	Yes	No
A. Been charged in any capacity by any 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 one suspended or revoked for cause by any state or governmental agency or authority?		
F. Compromised liabilities with creditors; been insolvent, or adjudged a bankrupt?		
<p>If you answered “yes” to any of the above questions of Addendum #1, please give full particulars in the space available or by separate attachment.</p>		

ADDENDUM #2
APPLICATION FOR FIRM MEMBERSHIP

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

1. Firm Name	
2. Firm Address	
City, State & Zip	
3. Firm Main Phone	
4. Email Address	
5. Website	

6. Please indicate in the space provided below or 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. This should include, but is not limited to, 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.). Please also submit any advertising and promotional materials

--	--	--

	Yes	No
--	------------	-----------

7. The Firm reviewed questions 22-33 of the Application for Membership and responses thereto.

a. Does the Firm wish to provide further details, modifications, or augmentation to the responses to questions 20-33?

If the Firm answered yes to the above question (7(a)), please provide the full particulars in the space available or by separate attachment, including specific reference to the question of the application.

--	--	--

8. Has your firm or any member thereof:	Yes	No
A. Been charged in any capacity by any 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 one suspended or revoked for cause by any state or governmental agency or authority?		
F. Compromised liabilities with creditors; been insolvent, or adjudged a bankrupt?		
<p>If you answered "yes" to any of the above questions 8(A) through 8(F), please give full particulars in the space available or by separate attachment.</p>		

Responses to Question #8 of the Firm Application will be initially reviewed by only the Membership Committee and the Board of Directors. To the extent that answers provided below warrant disclosure to the membership at large, SRMC will contact and discuss with the with an Officer of the Firm Applicant prior to such general disclosure.

9. 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 principles 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.

SRMC Application for Firm Membership

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.

Signature

Date

Print Name

Title

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.

1 to 3	4 to 6	7 to 10	11+
--------	--------	---------	-----