

## Product Evaluation Checklist

**Instructions:**

- This form has been created as a fillable pdf. To complete, simply type your response in the fields provided.
- Once completed, save the form to your desktop, then attach the form(s) in an email to: [AFSpecialty@AccidentFund.com](mailto:AFSpecialty@AccidentFund.com)

**Step 1 - Complete the Mutual Confidentiality Agreement**

- Visit [AFGroup.com/Specialty](http://AFGroup.com/Specialty) and complete the MCA. As described above, save the form to your desktop—and submit it with the Product Evaluation Checklist and any other relevant forms as indicated.

**Step 2 – Complete the Product Evaluation Checklist (below)**

To ensure a thorough review of your submission, please provide us with full details below. Note that this information will begin the review process, and additional information will be required to complete a program evaluation.

- Describe the product and/or program you want us to consider for fronting:
- Is this product/program currently utilizing a fronting carrier?  
Yes                  No
- If so, why is your organization seeking to replace the current fronting relationship?
- What differentiates this product/program from others in the marketplace?
- List the states in which you would like the product/program to be offered:
- Does the program require admitted A.M. Best rated paper?  
Yes                  No
- Provide a pro forma for no less than three years for this product/program including all detailed assumptions supporting the calculations:
- How is the product/program distributed?
- Describe the targeted market:

- Describe the pricing rationale for the product/program:
- What actuarial reviews have the rates been subject to?
- Provide any opinion you have on pricing and rate adequacy:
- Does your organization seek to participate in the underwriting results of the program?
- Discuss your preferred structure:
- Will you use a captive, a sliding scale commission, a quota share arrangement, etc.?
- If you plan for cessions to an established captive under a quota share reinsurance agreement, please provide a copy of the most recent captive financials, the domicile and the current manager.
- What is the proposed effective date of your program?

**Final Instructions:**

Please save this form to your desktop and attach all documents in an email to: [AFSpecialty@AccidentFund.com](mailto:AFSpecialty@AccidentFund.com)

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