

# WORLDWIDE INSURANCE SERVICES, INC.

## SPECIAL MARKETS REVIEW FORM

Submitted By \_\_\_\_\_ Date \_\_\_\_\_

### PART ONE

<b>1</b>	What is the name of the organization?	
<b>2</b>	For what purpose was the organization founded?	
<b>3</b>	What is the principal industry of the organization's members? (if applicable)	
<b>4</b>	How many full-time and part-time staff members are located at the organization's office?	Full-time:      Part-time:
<b>5</b>	Is the organization staff volunteer or salaried?	<input type="checkbox"/> Volunteer <input type="checkbox"/> Salaried <input type="checkbox"/> Both
<b>6</b>	What is the organization's annual budget?	\$ _____
<b>7</b>	What type of organization is this?	<input type="checkbox"/> Association <input type="checkbox"/> Affinity Group <input type="checkbox"/> Franchise <input type="checkbox"/> Fraternal   Other
<b>8</b>	Where are the organization's members located?	<input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Local   Other
<b>9</b>	Who are members?	<input type="checkbox"/> Individuals <input type="checkbox"/> Business Entities <input type="checkbox"/> Both
<b>10</b>	What are the requirements for membership in the organization?	
<b>11</b>	What are the annual membership dues?	Individual Member \$ _____ Corporate Member \$ _____ Do Corporate Dues Vary by Size? <input type="checkbox"/> Yes <input type="checkbox"/> No Affiliate Member \$ _____
<b>12</b>	Does the association retain and/or employ a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13</b>	Does the organization offer any member education benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", describe _____
<b>14</b>	Does the organization offer any certification or credentialing?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", describe _____
<b>15</b>	Are affiliate or associate members eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16</b>	How many total members are eligible?	Individuals:                      Business Entities:
<b>17</b>	Of the <b>individual members</b> estimate the percentage that are self employed.	%
<b>18</b>	How many new members joined the organization last year?	_____ Individuals      _____ Business Entities
<b>19</b>	How many new members do you anticipate will join the organization this year?	_____ Individuals      _____ Business Entities
<b>20</b>	Does the organization currently offer benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

21	If "Yes", please check all benefits currently offered:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Disability Income <input type="checkbox"/> Life Insurance <input type="checkbox"/> Catastrophic Medical <input type="checkbox"/> Prescription Plan <input type="checkbox"/> Hospital Indemnity <input type="checkbox"/> Cancer/Disease	<input type="checkbox"/> Critical Illness Plan <input type="checkbox"/> Long-term Care <input type="checkbox"/> Travel Accident <input type="checkbox"/> Vision <input type="checkbox"/> Auto & Travel Club <input type="checkbox"/> Long Distance <input type="checkbox"/> Legal Services <input type="checkbox"/> Office Supplies	<input type="checkbox"/> Retirement Plan <input type="checkbox"/> Identity Theft <input type="checkbox"/> Auto Rental <input type="checkbox"/> Business Package <input type="checkbox"/> Workers Comp <input type="checkbox"/> General Liability <input type="checkbox"/> Credit Card Other
22	When did the organization first offer benefits?			
23	Do you propose replacing any of the current plans?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which ones? _____ _____	

**PART TWO – SPECIAL MARKETS REVIEW FORM**

1	Who is the contact person at the organization? Title? Telephone number? Fax number? e-mail address? Website address?	Name _____ Title _____ Telephone(_____) _____ Fax (_____) _____ e-mail _____ Website _____
2	In what state or province is the organization chartered or incorporated?	
3	When was the organization established?	
4	What is the organization headquarter's address?	Street _____ _____ City _____ State _____ Zip/Postal Code _____
5	Is there a different shipping address?	Street _____ _____ City _____ State _____ Zip/Postal Code _____
6	Are the officers of the organization authorized to contract for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the organization's decision-making and contracting process. _____ _____ _____
7	If contracts for services are authorized by committee or board members how many individuals comprise the committee or board? In how many locations do they work or reside? How often does the committee or board meet?	Number of committee/board members _____ How many locations _____ Meeting frequency _____

<b>8</b>	Rank the organization's primary sources of revenue. (indicate ranking by assigning numerals 1 and up, with 1 being the largest source of revenue)	<input type="checkbox"/> Corporate membership dues <input type="checkbox"/> Individual membership dues <input type="checkbox"/> Affiliate membership dues <input type="checkbox"/> Advertising <input type="checkbox"/> Conferences, Conventions, Trade Shows <input type="checkbox"/> Other	
<b>9</b>	How does the organization communicate information concerning member benefits to its members?	<input type="checkbox"/> Newsletters <input type="checkbox"/> Magazines <input type="checkbox"/> Direct Mail <input type="checkbox"/> Chapter Meetings <input type="checkbox"/> Conventions <input type="checkbox"/> Conferences <input type="checkbox"/> New Member Kits <input type="checkbox"/> Trade Shows	<input type="checkbox"/> Billing/Dues Stuffers <input type="checkbox"/> Website <input type="checkbox"/> Fax Broadcast <input type="checkbox"/> e-mail Broadcast <input type="checkbox"/> Conference Calls <input type="checkbox"/> Webinars Other: _____
<b>10</b>	Does the organization publish or provide literature and/or advertising describing current benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach examples	
<b>11</b>	Will endorsement be exclusive within this category of coverage/benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", what other endorsements will be granted?	
<u>Comments:</u>			

**PART THREE - SPECIAL MARKETS REVIEW FORM - CURRENT BENEFITS**

<b>COVERAGE</b>	<b>CARRIER or COMPANY</b>	<b>INCEPTION DATE(S)</b>	<b>STILL OFFERED?</b>	<b>NUMBER OF PARTICIPANTS</b>
Medical				
Dental				
Short-term Disability				
Long-term Disability				
Vision				
Universal Life				
Whole Life				
Term Life				
Catastrophic Medical				
Long-term Care				
Legal				
Auto Rental/Travel				
Long Distance				
Travel Accident				
Office Supply				
Express Shipping				
Retirement Plan				
Hospital Indemnity				
Critical Illness				
Cancer/Disease				
Pet Insurance				
Prescription Plan				
Identity Theft				
Elder Care Legal				
Financial Planning				
Business Package				
Workers Comp				
General Liability				
Professional Liability				
Credit Card				
Other				

Notes:

**PART FOUR - SPECIAL MARKETS REVIEW FORM –  
GEOGRAPHIC DISTRIBUTION OF MEMBERSHIP**

Indicate approximate member counts in each jurisdiction:

<b>Jurisdiction</b>	<b>Members</b>	<b>Jurisdiction</b>	<b>Members</b>	<b>Jurisdiction</b>	<b>Members</b>
<b>AL</b>		<b>KY</b>		<b>ND</b>	
<b>AK</b>		<b>LA</b>		<b>OH</b>	
<b>AZ</b>		<b>ME</b>		<b>OK</b>	
<b>AR</b>		<b>MD</b>		<b>OR</b>	
<b>CA</b>		<b>MA</b>		<b>PA</b>	
<b>CO</b>		<b>MI</b>		<b>RI</b>	
<b>CT</b>		<b>MN</b>		<b>SC</b>	
<b>DE</b>		<b>MS</b>		<b>SD</b>	
<b>DC</b>		<b>MO</b>		<b>TN</b>	
<b>FL</b>		<b>MT</b>		<b>TX</b>	
<b>GA</b>		<b>NE</b>		<b>UT</b>	
<b>HI</b>		<b>NV</b>		<b>VT</b>	
<b>ID</b>		<b>NH</b>		<b>VA</b>	
<b>IL</b>		<b>NJ</b>		<b>WA</b>	
<b>IN</b>		<b>NM</b>		<b>WV</b>	
<b>IA</b>		<b>NY</b>		<b>WI</b>	
<b>KS</b>		<b>NC</b>		<b>WY</b>	

**Approximate number of international members: \_\_\_\_\_**