**2020 Analysis Peer Review Project Application**

Please make sure you have read and understand the requirements for participation before submitting your application.

|  |
| --- |
| **Personal Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Job title: |  |

|  |  |
| --- | --- |
| Business address: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |  |  | State: |  |  | Zip: |  |

|  |  |  |
| --- | --- | --- |
| Business phone: |  |  |

|  |  |
| --- | --- |
| Email address: |  |

|  |  |
| --- | --- |
| Division/Department: |  |

|  |  |
| --- | --- |
| Length of service in years: |  |

In the space below, briefly describe your responsibilities in your present position, as well as the types of companies that you have experience with (if applicable):

Please list previous positions held within the Insurance Department, or other relevant work experience and approximate number of years in each position:

|  |
| --- |
| **File Submission** |

Each applicant, if selected, will be required to submit a 12/31/18 analysis file, from his/her state to be reviewed. The submitted file should be representative of work currently performed in your state. We recommend using the following guidelines when selecting a file to submit for this project:

* The analysis file selected should not be a troubled company but should have some issues to consider and discuss (approximately 3 hour discussion). This will allow the peer reviewers to conduct meaningful discussions and provide recommendations for ongoing monitoring, without becoming overwhelmed by the scope of issues facing the company.
* The person attending the session should have been involved with the analysis work submitted, either directly or in a supervisory capacity.
* The vast majority of the analysis work (including Risk Assessment Worksheet, IPS, etc.) should be completed prior to the scheduled webinar date (see below) to allow for distribution of files to other states for review in advance of the session.

Please provide the following information for the file you will submit if selected to participate:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cocode: |  |  |
| TeamMate (TM): | Yes / No | TM File Version: |  | TM Version in Use at State: |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Session Date** |

Note: In order to attend the session, participants must view the related webinar.

|  |  |
| --- | --- |
|  | Review Session: October 20-22, 2020 Theme: 12/31/2019 Risk-Focused AnalysisPlanning Webinar Tentative Date: September 8, 2020 |

|  |  |
| --- | --- |
| Submit completed application for requested sessionto: | Bree WilsonNAICFinancial Regulatory Services1100 Walnut Street, Suite 1500Kansas City, MO 64106-2197Phone: 816-783-8412E-mail: bwilson@naic.org |