

 **2020 Exam Peer Review Project Application**

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

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| **Personal Information** |

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| Name: |  | Job title: |  |

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| Business address: |  |

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

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| Business phone: |  |  |

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

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| Division/Department: |  |

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

In the space below, briefly describe your responsibilities in your present position:

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Note: In order to attend the session, you must also be able to view the related webinar.

**Training Dates**

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|  | Review Session: May 5-8, 2020Theme: GeneralPlanning Webinar: March 31, 2020 |

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|  | Review Session: August 25-27, 2020Theme: Combined Analysis & Exam: ORSAPlanning Webinar: July 1, 2020 |  |

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| **File Submission** |

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

* The company file should be of medium size. This means that the file is not so large that the task of reviewing would be overwhelming considering the project time constraints (10 hours per file), but large enough to generate productive conversation during the training sessions (approximately 6 hour discussion). Rule of thumb is that company size should be between $20M and $1B in Direct Premium written (DPW).
* The company should be in a relatively stable financial condition (not in run-off, new start-up, etc.)
* The exam should be substantially complete prior to the session’s webinar (typically date that files are uploaded by).
* The person attending the session should have been involved with the exam submitted, if possible.

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

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| Company Name: |  |  |  |

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| DPW: |  |  |  |

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| As-Of Date: |  | Cocode: |  |  |
| Other Participating States: |  |  |

What will the status of the files be on the date of the planning webinar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Exam File:** |  |  |  |
| TeamMate (TM): | Yes/ No | TM File Version: |  |
| **Analysis File (Combined session only):**  |  |  |  |
| TeamMate (TM): | Yes / No | TM File Version: |  |

For the ORSA session, please describe the relationship between the Analysis, ORSA, and Exam files. Were you able to use the ORSA to influence the analysis/exam work? Consider including information on the timing of the ORSA review, scope of the ORSA, and quality of information presented.

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**Supplemental Information:**

Note, if applying for the combined session, the applicant should provide information for the analyst that will also be attending or should consider submission of a second application form:

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

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

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

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| Email address: |  |

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| Length of service in years: |  |

In the space below, briefly describe your responsibilities in your present position:

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

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| Submit completed application for requested sessionto: | Miguel Romero, CPANAICFinancial Regulatory ServicesPhone: 816-783-8479E-mail: maromero@naic.org |