Application to Serve as an NAIC Consumer Representative for 2027

NOTE: Please complete this application if you did not serve as an NAIC Consumer Representative in 2026.

If this does not apply to you please return to the NAIC Consumer Participation Program webpage and use the application for a Returning Consumer Representative.

In addition to completing this application, at the end of the application you must also:

- Sign the Conflict of Interest statement.
- Upload a resume or CV (other pertinent information, such as organization publications, testimony, references, or letters of recommendation are useful but optional).
- If you represent an organization, upload a copy of the organization's budget.

Please read the instructions and questions carefully.

Any question with an asterisk requires a response.

Please provide a response to every question. If a question does not apply enter "N/A."

To go back to a previous page, click the "Previous" button at the bottom of the page.

You do not need to complete the application in one session. If you return to the application on the same device you will see your previous work.

To save your progress on a page you must click "Next" at the bottom of the page.

Please note that after you submit your application, you will not be able to make any further changes.

NAIC Consumer Representative Application

* 1. Are you applying for a funded position?

- ◯ Yes
- ◯ No

* 2. Are you applying as a representative of an organization?

Note: Individuals employed by an academic organization (i.e. a university) do not have to apply to represent that organization.

If you represent an organization, you will be asked to upload a copy of the organization’s budget.

- ◯ Yes
- ◯ No

NAIC Consumer Representative Application

Information About the Applicant

* 3. Name:

* 4. Mailing Address:

* 5. Email Addresss:

* 6. Telephone Number:

* 7. Website, Blog, Social Media Identifiers:

* 8. Are you currently employed?
If you are self-employed please select yes

- ◯ Yes
- ◯ Yes, I am employed by the organization I represent.
- ◯ No

NAIC Consumer Representative Application

Employment Information

* 9. Employer:

* 10. Position:

* 11. Employer's Mailing Address:

* 12. Employer's Website:

13. Employer's Social Media (if not included on their website):

NAIC Consumer Representative Application

Demonstrated Expertise and Experience

* 14. To be an effective Consumer Representative at the NAIC, one must be able to analyze the issues and communicate the consumer position. What experiences do you have that demonstrate your ability to do that? Examples could include, but are not limited to, testifying on behalf of consumers, participating in policy discussions, conducting research and formulating relevant recommendations, writing policy briefs, or educating consumers to improve their marketplace experiences.

* 15. What involvement, if any, have you already had with the NAIC and/or a state insurance department? Examples could include, but are not limited to, attending NAIC/department meetings, providing testimony, submitting written comments, or working with NAIC/department staff on an issue.

* 16. In what subject matter(s) do you have expertise that you would apply to your work at the NAIC? Please be as specific as possible.

NAIC Consumer Representative Application

Meeting Participation

Three NAIC national meetings are held annually. These meetings generally five days and often include both weekends and weekdays. Attendance at these meetings is necessary to fully engage in the Consumer Participation Program. In-person attendance is strongly encouraged; although, virtual options are available when possible. The future NAIC national meeting schedule is available online at: NAIC Events and Meetings under the Future Meetings tab.

* 17. Are you willing and able to make the commitment to fully participate in national meetings?

- ◯ Yes
- ◯ No

Participation as an NAIC Consumer Representative also requires time to research issues and formulate written and oral comments, participate in interim conference calls and meetings, and collaborate with other NAIC Consumer Representatives.

* 18. Are you willing and able to spend additional time to engage in the activities of the Consumer Participation Program outside of national meetings?

- ◯ Yes
- ◯ No

* 19. Why do you want to represent the consumer interest in policy discussions at the NAIC?

NAIC Consumer Representative Application

Conflict of Interest

* 20. Are you, any member of your immediate family, or anyone living in your household employed on a full-time, part-time, or contractual basis or compensated by any insurance entity or person regulated by a state insurance department; an insurance agency; or an insurance-related trade association, advisory or rating organization, or other entities or individuals acting as agents or representatives of a regulated entity? Immediate family is defined as a spouse, domestic partner, parents, siblings, and children.

- ◯ Yes
- ◯ No

NAIC Consumer Representative Application

Conflict of Interest

* 21. Identify the employed or compensated person and their relationship to you.

* 22. What is the source of funds?

* 23. Please describe the employment or compensation (e.g., full-time, part-time, ongoing, or contractual arrangement).

* 24. Total dollar amount received from each source of funding over the past three years.

* 25. Basis for payment (e.g., hourly, project-based, etc.).

* 26. Nature of the work (e.g., hours worked, services provided) and expectations for compensation.

If you are a consultant, please identify the types of clients for which you provide services.

NAIC Consumer Representative Application

Information About the Organization You Represent

* 27. Name of the Organization:

* 28. Your position in the Organization:

* 29. Contact information for the Organization: Please include the mailing address, telephone number, and e-mail address

* 30. Organization's website:

* 31. Organization's Social Media identifiers (e.g., X (Twitter handle), Instagram, etc.)

* 32. Is this a non-profit organization?

- ◯ Yes
- ◯ No

* 33. Is this a membership organization?

- ◯ Yes
- ◯ No

* 34. What is the current number of members?

NAIC Consumer Representative Application

Information About the Organization You Represent

* 35. Describe your organization’s mission and goals.

* 36. How did your organization interact with consumers last year?

* 37. How many consumers did your organization reach last year?

* 38. Please describe the specific ways in which your organization is involved in insurance issues.

* 39. What constituency does your organization represent?

* 40. Please indicate if the organization you will be representing at the NAIC accepts financial support from any of the following:

	Yes	No
Any insurance company or agency?	○	○
Any person or entity regulated by a state insurance department?	○	○
Any lobbying group and/or entity that lobbies or advocates on behalf of any person, organization, and/or entity regulated by a state insurance department?	○	○
Any insurance-related trade association or insurance advisory or rating organization?	○	○
Any other entities or individuals acting as agents or representatives of a regulated entity?	○	○

NAIC Consumer Representative Application

Information About the Organization You Represent

You answered yes to one or more of the sources of support in the previous questions.

Please provide additional details about that support.

* 41. Source(s) of financial support.

* 42. Is funding ongoing or occasional?

	Ongoing	Occasional
Any insurance company or agency?	◯	◯
Any person or entity regulated by a state insurance department?	◯	◯
Any lobbying group and/or entity that lobbies or advocates on behalf of any person, organization, and/or entity regulated by a state insurance department?	◯	◯
Any insurance-related trade association or insurance advisory or rating organization?	◯	◯
Any other entities or individuals acting as agents or representatives of a regulated entity?	◯	◯

* 43. Total dollar amount received from each source over the past three years.

Any insurance company or agency?

Any person or entity regulated by a state insurance department?

Any lobbying group and/or entity that lobbies or advocates on behalf of any person, organization, and/or entity regulated by a state insurance department?

Any insurance-related trade association or insurance advisory or rating organization?

Any other entities or individuals acting as agents or representatives of a regulated entity?

* 44. Does the funder require or expect anything from the organization because of the funding?

- Yes
- No

* 45. Please explain

NAIC Consumer Representative Application

Need for Funding

* 46. While meeting registration fees are waived for NAIC Consumer Representatives, the average out-of-pocket monetary cost to attend an NAIC national meeting is at least $1,500.

Why do you (or your organization) require NAIC funding to participate?

Conflict of Interest Statement

ADDENDUM TO CONSUMER REPRESENTATIVE APPLICATION
CONFLICT OF INTEREST STATEMENT

Consumer Representatives appointed by the NAIC are expected to effectively represent the interests and viewpoints of consumers. Consumer Representatives shall not purport to represent the views of the NAIC.

Effective consumer representation may be compromised if the Consumer Representative received compensation from a regulated entity.

Definition: For the purposes of this document, “a regulated entity” means, “a regulated entity of state insurance regulators, its trade group, or other entities or individuals acting as agents or representatives of a regulated entity.”

Application: All applicants for the NAIC Consumer Participation Program are expected to complete the application fully and accurately, including the question about industry compensation and potential conflicts of interest. The Consumer Board of Trustees will evaluate the amount and purpose of the industry expense reimbursement and compensation, if any, and determine whether it represents a conflict of interest.

Disclosure: The Consumer Representative must notify the chair of the Consumer Board of Trustees and the NAIC staff person providing support to the Consumer Board of Trustees if, at any time during an individual’s term as an NAIC-appointed Consumer Representative, a regulated entity provides or agrees to provide compensation to the Consumer Representative’s organization; the Consumer Representative; or an immediate family member of the Consumer Representative, including a spouse, domestic partner, parents, siblings, and children. Such notification must occur by email within seven days of the receipt of compensation or the offer of a compensation agreement, whichever is earlier.

Conflict Determination: The Consumer Board of Trustees will determine whether the compensation received or the offer of a compensation agreement constitutes a conflict of interest based on discussion and established guidelines.

Guidelines: Guidelines the Board will use in its evaluation include, but are not limited to, the following:

- Expense reimbursement from a regulated entity for actual travel expenses, including transportation, lodging, and meals, generally does not represent a conflict if the travel is related to the representation of insurance consumer interests. Disclosure of such expense reimbursements is not required.
- Employment income, fees for services provided to regulated entities (e.g., providing expert testimony on behalf of regulated entities even if compensation is received from a law firm), or other compensation received from a regulated entity may be a conflict (unless it is an expense reimbursement for actual travel expenses for the Consumer Representative applicant) and must be disclosed to the Board.
- Receipt of gifts from a regulated entity valued at greater than $50 per appointment year or a total of more than $250 from all regulated entities in the appointment year are considered a conflict of interest and must be disclosed.
- Stipends or honoraria received from a regulated entity may be a conflict of interest and must be disclosed.

Confidentiality: Members of the Consumer Board of Trustees must keep confidential all financial, personal, and business information submitted by the Consumer Representative applicant. Consumer Board of Trustee discussions regarding potential conflicts will remain confidential. Consistent with maintaining the integrity of the Consumer Participation Program, only contact information and consumer focus, or line(s) of business represented by the Consumer Representative applicant, will be made public.

* 47. **Statement of Understanding:** I further understand that if I am appointed by the NAIC Consumer Board of Trustees to be a Consumer Representative, I am indicating by typing my name in the box below that I understand and agree to abide by this statement.

Name:

Date:

48.
Please upload your resume or CV here.

NOTE: This application will only accept PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files.

If you have trouble uploading your files please e-mail them to ConsumerRepApps@naic.org

Choose File Choose File No file chosen

49. Please upload a single file containing any other pertinent information, such as organization publications, testimony, references, or letters of recommendation.
This is optional but recommended.

NOTE: This application will only accept PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files.

If you have trouble uploading your files please e-mail them to ConsumerRepApps@naic.org

Choose File Choose File No file chosen

NAIC Consumer Representative Application

Budget Information

50. Please upload your organization's budget.

The document you provide should give an overview of your organization’s budget, including both revenue and expenditures. If some sources of revenue are unavailable to support your participation at NAIC, please explain that.

Please detail the sources of your organization’s income, such as grants, donations, sponsorships, and any other revenue streams.

Specifically identify revenue related to regulated entities (ones that are subject to insurance regulations), their trade groups, or other entities or individuals acting as agents or representatives of a regulated entity. Also list reserve funds that could be used to fund you as an NAIC Consumer Representative.

NOTE: This application will only accept PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files.

If you have trouble uploading your files please e-mail them to ConsumerRepApps@naic.org

Choose File | Choose File | No file chosen

NAIC Consumer Representative Application

51. By checking yes you agree that you have uploaded

- Your CV or resume
- Your organization's budget if you represent an organization

If you were unable to upload these files you agree to e-mail them to ConsumerRepApps@naic.org

By checking yes, you also agree the information contained in and submitted with this application is true and complete to the best of your knowledge.

◯ Yes

52. Please use the space below to share any additional comments or suggestions.

Note: After you click Done, your application will be submitted and cannot be edited.