



PART A | GENERAL INFORMATION

1 Name of Firm

Date of Application

\_\_\_\_\_

\_\_\_\_\_

2 Main Corporate Address

Mailing Address

Street Address (if different from mailing)

\_\_\_\_\_

\_\_\_\_\_

City, State, Postal Code/ZIP Code

City, State, Postal Code/ZIP Code

3 Main Phone Number

Website Address

Please include all digits necessary for dialing from the United States

MPL/HPL Premium Managed – Most Recent Fiscal Year (please check appropriate box)

Up to \$50M

Between \$50M-\$200M

Over \$200M

Number of Participants (individuals with membership access)

1-3 participants

4 – 10 participants

11-20 participants

Type of Brokerage/Agency (which best describes your firm)

Retail

Wholesale

Captive

Independent

Specialty

Other \_\_\_\_\_

Is your company a **Managing General Agent** or **Managing General Underwriter**? Yes or No

If so, what insurance company(ies) write your policies: \_\_\_\_\_

(Please Note: Insurance companies that write your policies do not receive membership status via this application.)

4 Healthcare Leader/Primary Contact

Secondary Contact

Name

Name

Title

Title

Address (if different from corporate)

Address (if different from corporate)

Phone

Email

Phone

Email

5 Jurisdiction in which your business is licensed to operate (list states/provinces/countries)

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6 Business Relationships with MPL Association Member Organizations

**Name of MPL Association Member**

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## **PART B | AUTHENTICATION**

The MPL Association partnership year runs on a calendar year basis. Partnership fees are based on MPL premiums managed and number of participants. New partner fees may be prorated based on the number of full months left in the calendar year.

**Please Check Your Preference**

Our check is included with this application

Please send us an invoice

\_\_\_\_\_  
Signature of Individual Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email