

**APPLICATION**  
TO PARTICIPATE AS AN **UNFUNDED** CONSUMER REPRESENTATIVE AT  
NAIC MEETINGS  
For the Year 2012

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**1. INFORMATION ABOUT THE ORGANIZATION YOU REPRESENT**

- A. NAME OF ORGANIZATION:  
ADDRESS:  
TELEPHONE NUMBER:  
FACSIMILE NUMBER:  
E-MAIL ADDRESS:  
WEB SITE ADDRESS:
- B. Please describe the organization—its mission, the constituencies it represents, and ways in which the organization is involved in insurance issues.
- C. Why is the organization requesting appointment to the NAIC/Consumer Liaison Committee?
- D. Please indicate if the organization you will be representing at NAIC accepts financial support from any of the following:
- Any insurance company or agency?  Yes  No
  - Any person or entity regulated by a state insurance department?  
 Yes  No
  - 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?  
 Yes  No
  - Any insurance trade association or insurance advisory or rating organization?  
 Yes  No

**If you answered in the affirmative on items a, b, c, or d above, please provide pertinent documentation including:**

- i. Source(s) of financial support?
- ii. Is funding ongoing or occasional?
- iii. Dollar amount received from each source over the past three years?
- iv. Expectations on which funding is based

**2. GENERAL INFORMATION ABOUT THE INDIVIDUAL REPRESENTING THE ORGANIZATION**

**A. INDIVIDUAL INFORMATION**

NAME:

ADDRESS:

TELEPHONE:

FACSIMILE NUMBER:

E-MAIL ADDRESS:

**B. EMPLOYMENT**

PLACE OF EMPLOYMENT:

POSITION:

ADDRESS:

TELEPHONE NUMBER:

FACSIMILE NUMBER:

E-MAIL ADDRESS:

**C. EDUCATION**

**D. EXPERIENCE AND EXPERTISE IN REPRESENTING CONSUMERS IN INSURANCE ISSUES**

1. Please describe ways in which the individual has represented consumers in insurance matters and related experience.
2. What involvement, if any, have you already had with NAIC and/or state insurance departments?

**3. MEETING PARTICIPATION**

- A. Three NAIC national meetings are held annually and last 3 to 5 days. While some meetings begin on a weekend, others begin on a weekday. In either instance, participation in a NAIC national meeting requires attendance and/or travel on two to four business days. The future NAIC national meeting schedule is available online at: [http://www.naic.org/consumer\\_participation.htm](http://www.naic.org/consumer_participation.htm). Are you willing and able to make the commitment to fully participate in national meetings?  
\_\_Yes \_\_No
- B. Are you willing and able to spend additional time researching issues and participating in interim conference calls and other meetings? \_\_Yes \_\_No

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

D. *Attach to your application a copy of your resume and other pertinent information.*

#### **4. CONFLICT OF INTEREST**

A. Are you, any member of your immediate family or anyone living in your household employed on a full-time, part-time or contractual basis by any insurance entity or person regulated by a state insurance department, insurance agency, trade association, or advisory or rating organization? \_\_Yes \_\_No

If yes:

- i. Identify employed person and relationship to you
- ii. Employer(s)?
- iii. Full-time, part-time, or contractual?
- iv. If part-time or contractual, ongoing or occasional?
- v. Dollar amount received from each employer over the past three years? Basis for payment (hourly, project based, etc.)
- vi. Nature of the work (hours spent, services provided)

B. Do you, any member of your immediate family or anyone living in your household receive compensation (other than through employment) from any insurance entity or person regulated by a state insurance department, insurance agency, trade association, or advisory or rating organization? \_\_Yes \_\_No

If yes:

- i. Identify the individual receiving compensation and relationship to you
- ii. Source(s) of compensation?
- iii. Is the compensation ongoing or occasional?
- iv. Dollar amount received from each source over the past three years?
- v. Basis for payment (stipend, travel reimbursement, dependent on services, etc.)
- vi. Expectations on which compensation is based

#### **5. DIVERSITY**

The NAIC strives to achieve diversity among its consumer representatives. Answering the following question is optional. What is your racial/ethnic background?

#### **A complete application includes:**

- A current copy of your resume along with any other pertinent information, such as organization publications, testimony, references or letters of recommendation; and
- A copy of your organization's budget.

**The information contained in and submitted with this application is true and complete to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THE COMPLETED APPLICATION TO ME BY 5:00 P.M. (CENTRAL) ON OCTOBER 31, 2011. ELECTRONIC SUBMISSIONS ARE ENCOURAGED.**

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