



# PRONET INTERNATIONAL, INC.

*"Your Source for Insurance Professionals"*

## Application for Membership Industry Specialist

1. Company Name: \_\_\_\_\_

2. Years in Business: \_\_\_\_\_

3. Principal Location: \_\_\_\_\_

4. Other Locations: \_\_\_\_\_

\_\_\_\_\_

5. Territories Covered: \_\_\_\_\_

\_\_\_\_\_

6. Contact Name: \_\_\_\_\_

7. Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ 8. After-hours Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ 9. Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

10. Email / Website: \_\_\_\_\_

11. Please list software applications used:

a) Office Admin.: \_\_\_\_\_

b) Industry Specialty: \_\_\_\_\_

c) Other: \_\_\_\_\_

12. Please list specific descriptions of services provided and areas of expertise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Please list rates for services provided: \_\_\_\_\_

\_\_\_\_\_

14. Are you licensed for all territories requiring licensure?  Yes  No If yes, list licenses and territories:

\_\_\_\_\_

\_\_\_\_\_

15. Please list any existing members of ProNet International, Inc. who are affiliated with this applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Please list your company's professional affiliations:

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17. Is the applicant a member of any other group, association, or network?  Yes  No If yes, please list:

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18. Have any claims been made against your company in the past 10 years?  Yes  No

19. Have you ever been sued for malpractice?  Yes  No

20. Have you ever been sued for any reason other than malpractice?  Yes  No

21. Who is your current malpractice insurer? \_\_\_\_\_

22. What are the limits of your current malpractice insurance coverage? \_\_\_\_\_

23. Have you ever been denied malpractice insurance coverage?  Yes  No If yes, please explain:

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24. How do you envision your services supporting...

a. ProNet Members: \_\_\_\_\_

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b. ProNet Clients: \_\_\_\_\_

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25. What percentage of your work is derived from...

Insurance Industry: \_\_\_\_\_% Self Insured: \_\_\_\_\_%

Captives/Trusts/RPG/RRG: \_\_\_\_\_% Private Business: \_\_\_\_\_%

Other (specify): \_\_\_\_\_%

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26. Please list three (3) references for whom you've conducted defense work within the past three (3) years:

	<u>Reference # 1</u>	<u>Reference # 2</u>	<u>Reference # 3</u>
Company			
Address			
Telephone			
Contact Name			
Contact Title			

**CONDITIONS AND AGREEMENTS:**

I understand that submission of this application to ProNet International, Inc. is for consideration only and does not mean that membership is guaranteed. I give ProNet International, Inc. permission to check references and make reasonable inquires as to the representations made on this application in assessing my candidacy for membership. If my application is accepted, I agree to abide by the standards and guidelines set forth by ProNet International, Inc., its affiliates, subsidiaries, and Web site. I also understand that failure to do so could result in termination of my membership without refund.

Further, I understand that joining ProNet International, Inc. does not guarantee me business. However, I understand that ProNet International, Inc. does guarantee to put forth its best efforts to diligently advertise and market my company and other ProNet International, Inc. members in order to establish new business for me and in accordance to ProNet International, Inc. standards.

As a condition of my membership, I will inquire as to how new business was referred to me. I understand that if new business is a result of my affiliation with ProNet International, Inc. that I will report this information to the ProNet International, Inc. Further, I agree to pay all membership dues within 30 days of invoice for claim assignments received as a result of my affiliation with ProNet International, Inc.

\_\_\_\_\_  
Signature (For the Company)

\_\_\_\_\_  
Date

When finished, please fax or mail the completed application to:

ProNet International, Inc.  
410 Sovereign Ct., Unit 8  
Ballwin, MO 63011  
Fax: 636-391-3903