

PROGRAM OPPORTUNITY INTAKE

Organization, current program, and the growth opportunity.

1 ORGANIZATION & PROGRAM

MGA / Program Administrator *

Program Name *

Primary Contact *

Email *

name@company.com

Phone *

Line(s) of Business *

Industry / Class *

Target Geography *

States / regions

2 CURRENT PROGRAM & PERFORMANCE

Current Carrier / Capacity Provider *

Current Annual Premium *

e.g. \$4,200,000

Policy Count *

As of a stated date

Current Capacity / Limits *

Current Deductibles / Attachments *

Loss Ratio *

e.g. 58% (5-yr avg)

Retention / Renewal *

As a %

Year 1 Rollover Potential *

% of existing book transferable

Organic Growth Projections

Independent of any rollover — projected new growth by year

Year 1 *

% growth

Year 2 *

% growth

Year 3 *

% growth

3 THE OPPORTUNITY

Select the single biggest constraint, then check any others that also apply.

PRIMARY

ALSO

☐
☐

Capacity

☐
☐

Underwriting appetite

☐
☐

Coverage limitations

☐
☐

Pricing / competitiveness

☐
☐

CAT / geographic constraints

☐
☐

Other

What is limiting growth today? (specifics) *

What business is being lost, declined, or referred elsewhere?

Fields marked * are needed for an initial review; everything else helps us move faster.

WAYPOINT SPECIALTY • INITIAL OPPORTUNITY REVIEW

4 COVERAGE & UNDERWRITING

Core Coverages / Forms Needed *

Bespoke or Differentiating Coverages

Key Appetite / Underwriting Parameters

5 WHAT YOU'RE LOOKING FOR

Desired Solution / Outcome *

What outcomes are you seeking? (check all that apply)

- | | | |
|---|--|--|
| ☐ More capacity | ☐ Better coverage | ☐ More distribution |
| ☐ Broader appetite | ☐ Better pricing | ☐ Profitable growth |

What would make this partnership successful?

6 PROGRAM STRUCTURE

Underwriting Responsibility

Pricing Responsibility

Claims Responsibility

MGA / PA Role & Responsibilities

Target Launch / Decision Timeline

7 SUPPORTING INFORMATION

Check what's available now.

- | | |
|---|---|
| ☐ Loss runs / claims history (5 years) | ☐ Forms / applications |
| ☐ Exposure / submission data (5 years) | ☐ Rating / pricing materials |
| ☐ Current underwriting guidelines | ☐ Program overview / financial summary |

8 ADDITIONAL CONTEXT

INITIAL REVIEW

This form supports an initial evaluation only. Additional information may be requested as the opportunity progresses.

Anything else we should know before an initial call?