

Insurance Marketplace Standards Association

QUALIFIED INDEPENDENT ASSESSOR APPLICATION

Instructions: Candidates should complete the following steps:

- Review the **Candidate Profile** set forth below;
- Complete **Sections I through V** in their entirety (attach additional pages, if necessary);
- Sign the application;
- Enclose a check or money order made payable to “**Insurance Marketplace Standards Association**” in the amount of **\$300** to cover your application fee; and
- Send the completed application and application fee to:

Insurance Marketplace Standards Association
4550 Montgomery Avenue, Suite 700N
Bethesda, MD 20814

Date: _____

CANDIDATE PROFILE

To become a Qualified Independent Assessor, a candidate must meet each of the following standards:

- **Standard One:** The candidate will have credentials related to a field of expertise that is pertinent to conducting the assessment. Examples include but are not limited to:
 - Insurance
 - Chartered Life Underwriter (CLU);
 - Chartered Financial Consultant (ChFC);
 - Fellow, Life Management Institute (FLMI);
 - Certified Insurance Examiner (CIE);
 - Certified Financial Examiner (CFE);
 - Actuarial Science
 - Associate, Society of Actuaries (ASA);
 - Fellow, Society of Actuaries (FSA);
 - Law
 - Juris Doctor (J.D.) or Bar Admission;
 - Accounting
 - Certified Public Accountant (CPA);
 - Quality Assessment
 - Certified Baldrige Examiner; and
 - Consulting
 - Master of Business Administration (M.B.A.).
- **Standard Two:** The candidate must demonstrate experience in at least **five** of the last **seven** years working in a legal, consulting, auditing, regulatory or internal operating capacity associated with the life insurance industry.
- **Standard Three:** The candidate must demonstrate experience in at least **three** of the last **five** years with legal, consulting, auditing, regulatory or operational review of life insurance market conduct or life insurance compliance practices.
- **Standard Four:** The candidate agrees to complete IMSA training requirements.

Section I: PERSONAL INFORMATION

Name (Mr./Mrs./Ms., First, Middle, Last) Title

Company/Firm/Professional Affiliation

Mailing Address City, State, Zip Code

() ()
Phone Number Fax Number Email Address

Social Security Number Date of Birth

Are you a United States citizen or otherwise legally authorized to work in the United States? Yes No

If the answer to any of the following questions is "Yes" please attach complete details of all events and proceedings

Have you been convicted of any criminal offense involving dishonesty or a breach of trust or been convicted of any offense under 18 U.S.C. § 1033 (Crimes by or affecting persons engaged in the business of insurance)?

Yes No

(e.g., NASD), or professional society or organization (e.g., Bar Association) denied, suspended or revoked your registration or license or disciplined you by fine or restricting your activities?

Yes No

Section II: EDUCATIONAL BACKGROUND AND PROFESSIONAL CREDENTIALS
 Standard One

The candidate will have credentials related to a field of expertise that is pertinent to conduction the assessment.

EDUCATION: COLLEGE OR UNIVERSITY	CITY, STATE	DEGREE	DATE
DESIGNATION(S): AWARDED INSTITUTION	CITY, STATE	DESIGNATION	DATE
PROFESSIONAL LICENSES	STATE	DATE	

Standard Two

Section III: PROFESSIONAL EXPERIENCE

The candidate must demonstrate experience in at least five of the last seven years working in a legal, consulting, auditing, regulatory or internal operating capacity associated with the life insurance industry.

(Please account for all professional experience during the seven year period preceding the date of this application, Attach additional sheets if necessary.)

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Standard Three

Section IV:

PROFESSIONAL EXPERIENCE

The candidate must demonstrate experience in at least three of the last five years with legal, consulting, auditing, regulatory or operational review of life insurance market conduct or life insurance compliance practices.

(Please account for all professional experience during the five year period preceding the date of this application, Attach additional sheets if necessary.)

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Life Insurance Company or Professional Affiliation

City/State

Contact Person

Phone Number

Nature of Activity

Date To/From

Comments

Section V:

PERSONAL REFERENCES

Please provide the names of at least two personal references who can verify information contained in this application.

NAME	ADDRESS	PHONE

Disclosure of Intent to Obtain a Consumer Report And/Or An Investigative Consumer Report

A consumer report and/or an investigative consumer report may be obtained by the Insurance Marketplace Standards Association (“IMSA”) as part of IMSA’s Qualified Independent Assessor background investigation. Such a report may include credit and financial information as well as information concerning your character, general reputation, personal characteristics, and mode of living.

Please sign this document and the enclosed authorization for IMSA to obtain a consumer report or investigative consumer report and return them to: Executive Director, Insurance Marketplace Standards Association, 4550 Montgomery Avenue, Suite 700N, Bethesda, MD 20814.

A summary of your rights under the Fair Credit Reporting Act is enclosed. If you wish to exercise your right to receive information concerning the nature and scope of the investigation, please send a written request for that information.

My signature below acknowledges receipt of this Disclosure of Intent.

Signature of Applicant

Date

**Authorization
for
Consumer Report
and/or
Investigative Consumer Report**

I, _____, authorize the Insurance Marketplace Standards Association (“IMSA”) to obtain a consumer report and/or an investigative consumer report in connection with my application to be an IMSA Qualified Independent Assessor.
(please print name)

I understand that a consumer report is any communication expected to be used or collected for the purpose of establishing my qualifications as an IMSA Qualified Independent Assessor, and that an investigative consumer report is a type of consumer report in which information on my character, general reputation, personal characteristics, or mode of living is obtained and may include interviews with my associates.

Signature of Applicant

Date

Please enclose a check or money order in the amount of \$300.00 made payable to:
Insurance Marketplace Standards Association

1. I swear or affirm that I have read and understand the Candidate Profile Standards and certify that the Personal Information, Educational Background, Professional Credentials, and Professional Experience provided in this application form (including any attachments thereto) is true and complete to the best of my knowledge.
2. I hereby authorize the Insurance Marketplace Standards Association and persons acting on its behalf to obtain such other and further information as may be necessary to verify the information provided in this application and to evaluate my eligibility to become a Qualified Independent Assessor. I further authorize any educational institution, governmental agency, professional organization, employer, supervisor or any other organization or person that has records or knowledge of my eligibility to give such information to the Insurance Marketplace Standards Association or its authorized representative.
3. If I become approved as a Qualified Independent Assessor by IMSA, I agree to abide by any IMSA rules, training requirements or code of ethics that may be applicable to my activities as a Qualified Independent Assessor. Moreover, I acknowledge that IMSA retains the right to revoke its approval of my Qualified Independent Assessor status without notice.
4. I agree that neither IMSA nor any person acting on its behalf shall be liable to me for any action taken with respect to its approval or denial of this application.

Month Day Year

SIGNATURE OF APPLICANT

TYPE OR PRINT NAME OF APPLICANT