



Established 1918

# Toronto Insurance Conference 2004 Membership Questionnaire

DATE COMPLETED:

Please complete by March 4, 2004.

## COMPANY INFORMATION:

Company:			
Address:			
City/Prov:			
Postal Code:			
Telephone:		Fax:	
Web Site:			

## BUSINESS INFORMATION:

Number of Registered Brokers (As reported to RIBO):	
Business Mix: What percentage does Commercial Lines Business represent for your firm?	<input type="checkbox"/> Under 65% <input type="checkbox"/> Over 65%
What percentage does Personal Lines Business represent for your firm?	<input type="checkbox"/> Under 10% <input type="checkbox"/> More than 10%, less than 25% <input type="checkbox"/> More than 25%, less than 40% <input type="checkbox"/> More than 40%

**CONTACT INFORMATION:** To best serve your firm, please indicate the individuals to whom we should forward information regarding the following areas and help us update our records for most senior representation at the Presidents' Reception:

AREA:	NAME:	TITLE:
Annual General Meeting:		
Billing/invoices:		
Black Tie Dinner:		
Seminars:		
Golf Classic:		
Membership (key contact):		
Presidents' Reception:		President or C.E.O. <b>ONLY</b>

**SEMINARS:** The TIC wants to deliver seminars that are relevant to its Members. Please suggest three or more topics that would be relevant to your firm.

Topic #1	
Topic #2	
Topic #3	
Other:	

**BROKER IDENTITY PROGRAM (BIP):**

Does your firm use the BIP logo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm think the BIP Campaign is worthwhile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you seen the BIPPER television advertisements recently (within the last two months)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MEMBERSHIP SERVICES:** Please rate your Firm's satisfaction with the TIC in the following service areas or activities:

ACTIVITY:	DOES YOUR FIRM USE THIS SERVICE/PARTICIPATE IN THESE PROGRAMS AND ACTIVITIES?	RATING: 1 = Not Satisfied 2 = Somewhat Satisfied 3 = Satisfied 4 = Mostly Satisfied 5 = Very Satisfied
Annual General Meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Black Tie Dinner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Golf Classic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Website:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Presidents' Reception:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Representation (government & regulatory bodies):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seminars:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**FEEDBACK:** If you indicated "Not Satisfied" with any of the above, we require your immediate feedback. Please give us your complaint & suggested remedy. If you would prefer personal or telephone meeting, please indicate and we will contact you to review your concerns.

<b>I would like a meeting please:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MY CONCERNS ARE:</b>	
<b>MY RECOMMENDATIONS FOR IMPROVEMENT ARE:</b>	

**VOLUNTEERS:** Each member firm is encouraged to consider nominating a candidate or candidates for representation to either the Executive Committee (board of directors) or the various committees that work to ensure the value and benefit of your membership.

COMMITTEE:	NOMINEE/CANDIDATE:
EXECUTIVE COMMITTEE (BOARD)	
ADVOCACY COMMITTEE	
COMPLIANCE & INFORMATION TECHNOLOGY	
EDUCATION/SEMINAR COMMITTEE	
EVENTS COMMITTEE	
GOLF TOURNAMENT SUB-COMMITTEE	
FINANCE, PLANNING & GOVERNANCE COMMITTEE	
MEMBERSHIP COMMITTEE	
PUBLIC RELATIONS COMMITTEE	

**THANK YOU FOR YOUR TIME AND INPUT!**

<b>YOUR NAME:</b>	
<b>YOUR TITLE:</b>	
<b>DIRECT TELEPHONE:</b>	
<b>E-MAIL:</b>	
<b>DATE COMPLETED:</b>	

**Please return this survey by March 4, 2004 to the TIC office by mail, fax or e-mail.**

**Toronto Insurance Conference**  
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