

# CAARP PRODUCER PEER REVIEW SUBCOMMITTEE MEMBERSHIP APPLICATION

The California Automobile Assigned Risk Plan (CAARP) Producer Peer Review Subcommittee is comprised of five certified producers. The CAARP Producer Peer Review Subcommittee reviews certified producers who have not complied with California Automobile Insurance Plan (CAARP) and for the California Low Cost Automobile Insurance Program (LCA) Producer Standards as set forth in the CAARP Plan of Operations Section 19 & 20 and LCA Plan of Operations Sections 19&20. The term will be for one year with a maximum of two terms.

In order to be considered for the Peer Review Subcommittee a producer must meet the following qualifications:

- Be a CAARP certified producer.
- Have held a California Fire & Casualty License for at least five years.
- Must complete or will complete CAARP's Online Introductory Courses by January 2024.

## PLEASE PROVIDE THE FOLLOWING INFORMATION TO DETERMINE YOUR ELIGIBILITY:

NAME		AGENCY ASSOCIATED WITH or DBA NAME	
STREET ADDRESS		CITY	STATE
		ZIP CODE	
TELE # (INCLUDING AREA CODE)	FAX # (INCLUDING AREA CODE)	E-MAIL ADDRESS	
% OF BUSINESS THAT IS COMM. AUTO	% OF BUSINESS THAT IS PRIVATE PASSENGER AUTO	AGENCY'S TOTAL WRITTEN PREMIUM VOLUME	ARE YOU A CAPTIVE AGENT? WITH WHAT COMPANY?
% OF BUSINESS THAT IS ASSIGNED RISK:	CALIFORNIA F&C LICENSE NUMBER:		LAST CAARP SEMINAR COMPLETION DATE:

## LIST THE TOP COMPANIES YOUR AGENCY REPRESENTS:

1	2
3	4

Each Subcommittee member selected will agree to meet at a designated date and time set by CAARP (*via teleconference or in person*) to review Peer Review cases. Each member will be compensated for their time and all travel and incidental expenses they may incur.

PLEASE PROVIDE A BRIEF EXPLANATION OF YOUR QUALIFICATIONS, AND WHY YOU ARE INTERESTED  
IN SERVING ON THIS SUBCOMMITTEE (100 words or less).

(Please also include the number of CAARP and/or Low Cost applications submitted Year To Date)

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Signature:

Date:

## ***DEADLINE FOR SUBMISSION OF APPLICATIONS***

***October 23, 2023***

- ***EMAIL to:*** [caarp@aipso.com](mailto:caarp@aipso.com) ***or***
- ***FAX to:*** ***415-421-4013 or***
- ***MAIL to:*** CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN  
ATTN: JESUS MEDINA, SR INS COORDINATOR  
PO BOX 6530  
PROVIDENCE, RI 02940