

**SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
INSURANCE AGENTS AND BROKERS
(Claims Made Basis)**

Name of Applicant: _____

- | | | |
|---|------------------|------------------|
| 1. Staff (indicate Numbers) | <u>Full-Time</u> | <u>Part-Time</u> |
| Principals, Partners, Directors, Officers | | |
| Other Licensed Insurance Agents | | |
| All Other Employees | | |

Total Staff: _____

2. a. Please provide name(s) of the individual owner or partners (if partnership) or officers (if corporation).

- b. List subagents, independent contractors or officer brokers (individuals paid on a commission only basis) to be NAMED as Limited Additional Insureds, and the annual premium volume of each:

<u>Name</u>	<u>Premium Volume</u>
_____	_____
_____	_____

(Attach separate sheet, if necessary.)

3. Is the Applicant controlled by or owned by or associated with, or does the Applicant control or own any other firm or business? () YES () NO

If YES, please explain on a separate sheet.

4. Is the Applicant or any subsidiary, parent or other related organization engaged in the following activities.

- | | | |
|---|---------|--------|
| A. Insurance Agent and/or Broker? | () YES | () NO |
| B. Insurance Consulting for a fee? | () YES | () NO |
| C. Premium Finance Company? | () YES | () NO |
| D. Real Estate Agent and/or Broker | () YES | () NO |
| E. Financial Planning for a fee? | () YES | () NO |
| F. Claims Adjusting for a fee? | () YES | () NO |
| G. third Party Claims Administration for a fee? | () YES | () NO |
| H. Mutual Fund Sales | () YES | () NO |
| I. Other (Describe) _____ | () YES | () NO |

5. Are any principals, partners or directors of the Applicant engaged in any activities other than described in Question 4?
() YES () NO

6. List all states where the Applicant operates: _____

7. List the Trade Association Memberships of the Applicant or of any principals, partners or directors:

8. Within the past five years, has the Applicant:

- A. purchased or acquired another insurance agency or book of business? () YES () NO
 B. merged or consolidated operations with another insurance agency? () YES () NO
 If any of the answers are "YES", please provide full particulars on a separate sheet.

9. Set forth Applicant's gross commissions and fees earned from the following types of activities:

	Past Fiscal Year Ending: ___/___/___	Next 12 Months (Estimated)
A. Insurance	\$ _____	\$ _____
B. Premium Financing	\$ _____	\$ _____
C. Insurance Consulting	\$ _____	\$ _____
D. Real Estate	\$ _____	\$ _____
E. Mutual Funds	\$ _____	\$ _____
F. Financial Planning	\$ _____	\$ _____
G. Claims Adjusting	\$ _____	\$ _____
H. Third Party Claims Administration	\$ _____	\$ _____
I. Other (Please describe.) _____	\$ _____	\$ _____
	\$ _____	\$ _____
Total Gross Commission/Fees:	\$ _____	\$ _____

10. Set forth Applicant's actual premium volume during past three years and estimated premium volume for the current year:

Year	Premium Volume
19__	\$ _____
19__	\$ _____
19__	\$ _____
19__ Estimated	\$ _____

11. Set forth Applicant's percentage of total premium volume placed as:

Insurance Agent	_____ %
Insurance Broker	_____ %
Managing General Agent	_____ %
Excess or Surplus Lines Agent	_____ %
Total:	100 %

12. Set forth Applicant's percentage of premium volume derived from:

Direct Insureds	_____ %	Aviation	_____ %
Other Insurance Brokers	_____ %	Marine	_____ %
Total:	100 %	Fire & Casualty	_____ %
		Life	_____ %
		Other(describe)	_____ %
		Total:	_____ %

13. Specify the maximum limit or values Applicant is authorized to bind.

	Amount
Fire	\$ _____
Casualty	\$ _____
Marine	\$ _____
Aviation	\$ _____
Other (describe) _____	\$ _____
	\$ _____

14. Set forth Applicant's breakdown if the total annual premium volume by lines of business during the past twelve months:

A) LIFE, ACCIDENT AND HEALTH

i. Group Life, Accident and Health	\$ _____
ii. Individual Life, Accident and Health	\$ _____
iii. Annuities	\$ _____
iv. All Other _____	\$ _____
Total:	\$ _____

B) PERSONAL LINES

i. Automobile (Standard)	\$ _____
ii. Automobile (Sub-Standard)	\$ _____
iii. Homowners/Dwellings	\$ _____
iv. All Other _____	\$ _____
Total:	\$ _____

C) COMMERCIAL LINES

i. Commercial, General Liability/Property	\$ _____
ii. Workers Compensation	\$ _____
iii. Commercial Auto	\$ _____
iv. Commercial Multi-Peril	\$ _____
v. Inland Marine	\$ _____
vi. Wet Marine	\$ _____
vii. Bonds – Surety	\$ _____
viii. Bonds – All Other	\$ _____
ix. Aviation	\$ _____
x. Physicians & Hospitals Professional Liability	\$ _____
xi. Other Professional Liability/D & O	\$ _____
xii. Assigned Risk, Government Pools, Fair Plan	\$ _____
xiii. All Other _____	\$ _____
Total:	\$ _____

D) Reinsurance placed: Volume \$ _____

Faculative _____%

Treaty _____%

Total _____%

15. Does Applicant specialize in any classes of business? () YES () NO

If YES, please describe the classes. _____

16. Set forth the list of five property and casualty companies you place the major volume of business with and provide the information required:

NAME	VOLUME	BEST'S RATING	YEARS REPRESENTED
A. _____	\$ _____	_____	_____
B. _____	\$ _____	_____	_____
C. _____	\$ _____	_____	_____
D. _____	\$ _____	_____	_____
E. _____	\$ _____	_____	_____

17. Set forth the list of all insurance companies and volume of business you placed with companies having a current A.M. Best Rating of B or below, or with companies which are not currently rates by A.M. Best:

Companies

_____	\$ _____
_____	\$ _____
_____	\$ _____

18. Does the Applicant use an automated processing system? () YES () NO
if YES, indicate which functions are performed by the system(s):

Policy expirations	() YES () NO	Accounts receivable	() YES () NO
Insurance company account currents	() YES () NO	Rating	() YES () NO
Word processing	() YES () NO	Other (specify) _____	() YES () NO
		_____	() YES () NO

18. Please set forth your office procedures as follows:

- a. Is all incoming mail date stamped and do you have set procedures in place for the handling of this mail? () YES () NO
- b. Are all binders confirmed in writing? () YES () NO
- c. Is there a procedure for documenting all business related telephone conversations? () YES () NO
- d. Are all binders, policies and endorsements checked for accuracy before mailing? () YES () NO
- e. Are procedures in place to notify certificate holders, mortgages, etc. of cancellations or non-renewal of policies? () YES () NO
- f. Do you confirm to the Insured, in writing, all declinations of any proposed coverage's? () YES () NO
- g. Do you have a policy expiration list? () YES () NO
- h. Do you encourage employees to take outside training courses, such as IIA, CPCU, RPLU, etc.? () YES () NO
- i. Do you have any internal procedures to check the financial condition of the insurance Companies or other insurance sources in which business is or will be placed? () YES () NO
- J. Is a checklist utilized in reviewing coverage's and limits with an Insured? () YES () NO
- k. Is a signed acceptance agreement from clients required if coverage or limits are more restrictive than requested? () YES () NO
- l. Do you have procedures to verify that your Principals are appropriately licensed in all states in which you are doing business? () YES () NO

19. Within the past five years, has the Applicant or any past or present owner, officer, partner, employee or solicitor been subject to action by any insurance regulatory authority resulting in:

- a. being censured or fined? () YES () NO
- b. suspension or revocation of license? () YES () NO
- c. any other disciplinary action? () YES () NO

if any of the above are answered YES, provide full particulars.

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to Insurance Agency and Brokers.

Date

Authorized Representative

Title