

MISCELLANEOUS PROFESSIONAL LIABILITY

SUPPLEMENTAL APPLICATION FOR INSURANCE AGENTS AND BROKERS

1. Name of Applicant: _____

2. Please give the approximate percentage breakdown of the total of your premium volume and fees as:

Agent	_____ %
Broker	_____ %
Managing General Agency	_____ %
Reinsurance Intermediary	_____ %
Excess or Surplus Lines Broker	_____ %
Consultant (for fee)	_____ %
Risk Manager (for fee)	_____ %
Third Party Administrator (for fee)	_____ %
Other (explain below)	_____ %
MUST TOTAL	100%

Other: _____

3. LINES OF BUSINESS WRITTEN AND INSURANCE OPERATIONS OF APPLICANT: Please indicate what lines of business and other insurance operations make up the premium volume written by the Applicant during the past year broken into five (5) major areas:

Standard Business	_____ %
Non-Standard and Surplus Lines Business	_____ %
Consulting and/or Risk Management Services	_____ %
Life and Health Products	_____ %
Third Party Administration	_____ %
TOTAL	_____ %

A. Standard Business

Total Standard Commissions	\$ _____
Total additional income (such as contingent commission)	\$ _____

B. Nonstandard and Surplus Lines Business: Nonstandard business includes Surplus Lines, Brokerage Business from other agents or brokers, Fair Plans, Government Pools, and other distressed business the Applicant controls or processes.

Total Nonstandard Business commissions:

Personal Lines	\$ _____
Commercial Lines	\$ _____

C. Consulting and/or Risk Management Services

(i) Does the Applicant engage in Risk Management Consulting?..... Yes No

If yes, describe what type of consulting is performed:

Enclose a copy of one of your surveys and written reports completed for a commercial account.

(ii) Annual Income from Risk Management services..... \$ _____

(iii) Does Applicant perform Loss Control, OSHA, Loss Prevention or Safety Inspection services? Yes No

If yes, please provide the number of personnel employed, their credentials and their work history. Specify service performed:

(iv) Annual Income from Loss Control, OSHA, Loss Prevention or Safety Inspection services: \$ _____

D. Life and Accident & Health Products

Annual Commissions..... \$ _____

E. Third Party Administrator

Does the Applicant act as a *third party administrator* (TPA)?..... Yes No

If yes, how many staff members are involved in the TPA operations? _____

If yes, state what work is performed for what class of business and attach a copy of the contract(s) used. Please use additional sheet of paper if necessary:

Annual Income from TPA services:: \$ _____

4. Total All Commissions & Other Income: \$ _____

5. Premium Volume of business by line:

A. Life and A&H:..... \$ _____

B. Standard Personal Lines:

Automobile..... \$ _____

Homeowners..... \$ _____

C. Other Standard Personal Lines (by line):

..... \$ _____

..... \$ _____

..... \$ _____

TOTAL Standard Personal Lines (B & C)..... \$ _____

D. Standard Commercial Lines

Worker's Compensation	\$ _____
Commercial Auto	\$ _____
Commercial Multi-peril	\$ _____
Inland Marine	\$ _____
Wet Marine	\$ _____
Other Commercial Property	\$ _____
Bonds — Surety	\$ _____
Bonds all other	\$ _____
Aviation	\$ _____
Umbrella/Excess	\$ _____
Physicians & Hospitals	\$ _____
Professional Liability	\$ _____
Other Professional Liability/D&O	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL Standard Commercial Lines	\$ _____

E. Nonstandard Business:

Nonstandard Personal Lines	\$ _____
Nonstandard Commercial Auto	\$ _____
Brokerage business from other agents or brokers	\$ _____

F. Assigned Risk, Governmental:

Pool and Fair Plan	\$ _____
Surplus Lines	\$ _____
Other	\$ _____
TOTAL Nonstandard Lines (E & F)	\$ _____

TOTAL ALL Premium produced (A-F) MUST EQUAL 100% \$ _____

6. Please provide the number of licensed agents, licensed brokers, licensed solicitors, partners and officers of the corporation active in the business and considered employed (FICA taxes are paid by the Applicant). Please provide information via attachment regarding personnel, their education, work history and professional experience:

7. Wholesale — Retail: What percentage of Applicant's annual premium volume is placed as a wholesaler and what percentage is placed as a retailer?

Wholesaler _____% Retailer _____%

IF THIS IS A RENEWAL OF THE **INSURER**, SKIP QUESTIONS **8 & 9**.

8. Does any person to be insured have knowledge of any fact, circumstance or situation or act, error or omission which might reasonably be expected to give rise to a **Claim** against him or the Applicant under the proposed policy? Yes No

If yes, please attach an explanation on a separate sheet of paper.

9. Has any **Claim** or **Claims** been made against the Applicant or any person to be insured during the last three years?..... Yes No

*If yes, please attach an explanation of each such **Claim** on a separate sheet of paper.*

THE APPLICANT UNDERSTANDS THAT THE INFORMATION SUBMITTED HEREIN SHALL BECOME A PART OF THE **APPLICATION** ATTACHED HERETO.

APPLICANT'S AUTHORIZED SIGNATURE: _____

APPLICANT'S TITLE: _____

DATE: _____