



Application Supplement for Insurance Agents and Brokers

All questions must be completed in full.

1. Name of Applicant: _____
2. On what date did the present management assume control, management or ownership of this agency?
..... / /
3. Please provide breakdown of the percentage of total annual income derived from the following activities:

Claim Adjusting fee a fee	_____ %
Consulting for a fee	_____ %
Financial Planning for a fee	_____ %
Insurance Commissions	_____ %
Marketing for others for a fee	_____ %
Mutual Fund Sales	_____ %
Premium Financing for agency insureds	_____ %
Premium Financing for non-agency insureds	_____ %
Real Estate Appraisals/Property Management	_____ %
Real Estate Sales	_____ %
Safety or Loss Control Consultant for a fee	_____ %
Third Party Administrator	_____ %
TOTAL	_____ 100 %

NOTE: If insured(s) desire(s) coverage other than insurance sales or brokerage, please call your agent or broker for the application supplement.

4. Estimate percentage breakdown of business placed or written as the following:

Placed as an Accident and Health Broker or Agent	_____ %
Written as an Accident and Health General Agent	_____ %
Placed as a Life Insurance Broker	_____ %
Written as a Life Insurance General Agent	_____ %
Written as an MGA from other agents, brokers or wholesalers	_____ %
P&C Agent directly with insurance companies	_____ %
P&C Broker through other agents, brokers, wholesalers or MGAs	_____ %
P&C Wholesaler for other agents, brokers or agencies	_____ %

5. Please provide a breakdown of total new and renewal business written in the last 12 months as follows:

(a) Property and Casualty Personal Lines: Annual Premium Volume	
i. Automobile	\$ _____
ii. Sub-Standard Auto (including assigned risk)	\$ _____
iii. Dwelling	\$ _____
iv. All Other _____	\$ _____
TOTAL Property and Casualty Personal Lines	\$ _____

(b) Life, Accident & Health Lines: Annual Commission Income	
i. Individual Life	\$ _____
ii. Group Life	\$ _____
iii. Individual A&H	\$ _____
iv. Group A&H	\$ _____
v. Pension Plans	\$ _____
vi. All Other _____	\$ _____
TOTAL Life, Accident and Health Commissions	\$ _____

(c) Property and Casualty Commercial Lines:	
i. Assigned Risk, Government Pools, Fair Plans	\$ _____
ii. Automobile	\$ _____
iii. Aviation	\$ _____
iv. Bonds	\$ _____
v. BOP	\$ _____
vi. Directors and Officers Liability	\$ _____
vii. General Property/Casualty	\$ _____
viii. Inland Marine	\$ _____
ix. Long or Intermediate Haul Trucking	\$ _____
x. Medical Malpractice	\$ _____
xi. Professional Liability	\$ _____
xii. Wet Marine	\$ _____
xiii. Workers Compensation	\$ _____
xiv. All Other _____	\$ _____
TOTAL Property and Casualty Commercial Lines	\$ _____

6. Has the agency ever been involved in the formation, management or administration of any of the following:

- (a) Self-insured trusts Yes No
- (b) Insurance pools..... Yes No
- (c) Risk retention groups Yes No
- (d) Health maintenance organizations..... Yes No
- (e) Any other self-insured risk-bearing entities..... Yes No

7. Please list the complete name of the largest property and casualty companies represented by the agency that make up 85% of the agency's property and casualty premium volume:

Name of Insurance Company	Premium Volume	AM Best Rating	Year Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please provide the following information for all business placed with a wholesale broker or managing general agency:

Name of Wholesaler/MGA	Premium Volume	Whoelsaler/MGA Insurance Company	AM Best Rating	Year Represented
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Please list names of all other property and casualty companies represented by the agency.

Name of Insurance Company	Premium Volume	AM Best Rating	Year Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Please list the complete name of the largest life, accident and health companies represented by the agency that make up 100% of the agency's life, accident and heath premium volume.

Name of Insurance Company	Premium Volume	AM Best Rating	Year Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Please answer the following questions regarding office procedures:

- (a) Is all mail date stamped? Yes No
- (b) Are all binders confirmed in writing? Yes No
- (c) Has the Applicant attended any E&O loss prevention seminars during the past 24 months?
..... Yes No
- (d) Is there a procedure for documenting all telephone conversations? Yes No
- (e) Are procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of
cancellations or material changes in coverage? Yes No
- (f) Does the Applicant have a date control system in place to track policy and binder expirations, etc?
..... Yes No
- (g) Does the Applicant have any procedures to check the financial condition of the insurance companies
with which business is or will be placed? Yes No
- (h) Is a checklist utilized in reviewing required coverages and limits with a client? Yes No
- (i) Is a signed acceptance agreement from clients required if coverage or limits are more restrictive than
requested? Yes No
- (j) Does the Applicant turn off the fax machine after business hours? Yes No

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date