



Professional Liability Insurance for Insurance Agents and Brokers Program Administrator Supplemental Application

Note: This supplemental application becomes a part of your application for coverage with Us and therefore forms a part of the policy if coverage is bound.

1. Name of Applicant: _____
2. Please provide details on all programs for which you act as an MGA, MGU, GA and/or Program Administrator (Use an addendum if you have more than four programs):

Program Description (Industry and/or Lines of Business)	Carrier Name	Current Annualized Premium Volume	Year of Program Inception With This Carrier	Your Authority Level For Each Line Of Coverage

3. When acting as an MGA, MGU, GA and/or Program Administrator, are your quotes, binders and/or policies issued via computer systems provided and maintained by (check off all that apply and provide details if applicable):
 - a. Carriers? Quotes Binders Policies
 - b. Third Party Vendors? Quotes Binders Policies
 - c. Employee Generated Software Development? Quotes Binders Policies
4.
 - a. Do you have discretion over pricing, terms and conditions for the programs that you manage? Yes No
 - b. Do you have discretion over the use of or drafting of endorsement for any of these programs? Yes No
5.
 - a. Please provide a breakdown (for all the above programs combined) of business received from sub-agents versus direct from the insured: Sub-agent ____% Direct ____%
 - b. How many Sub-agents have binding authority in your program(s)? _____
 - c. If you accept business from Sub-agents, do you require evidence of Professional Liability coverage?
 Yes No If Yes, what limits are required? \$ _____
6.
 - a. Do you have a written agreement with all carriers for which you have underwriting authority? Yes No

- b. Do all your contracts contain indemnification or "hold harmless" clauses inuring to your firm's benefit for liability arising of the carrier's activities? Yes No
- c. Do you have written authority levels for each program? Yes No
- d. Do you have written underwriting guidelines for each program? Yes No
- e. Do all of your programs have cancellation provisions allowing the carrier to terminate the program? Yes No

7. a. Are all your programs audited annually?
- Underwriting? Yes No
- Administration/Finance? Yes No

If "No", please provide details about the program and the frequency of the Underwriting or Administration/Finance audit:

- b. As a result of any carrier conducted audits completed in the last 3 years, have you received any of the following:
 - Threat of termination. Yes No
 - An overall grade of Unsatisfactory or a comparable overall grade. Yes No
 - Any breaches of authority. Yes No

If you checked one or more of the above, please provide details on a separate sheet including the nature of the problem(s) or infraction(s) cited by the auditing carrier, audit dates, and any curative action taken or explanation provided to the carrier.

- c. Have you complied with all recommendations made by carrier's via Underwriting and/or Administration/Finance audits? Yes No If "No", please provide details on a separate sheet.

8. Do you anticipate starting or moving any programs in the next 12 months? Yes No
- If "Yes", please provide details on a separate sheet.

Completion of this supplemental application or tendering of premium does not bind coverage. This supplemental application is subject to company underwriting guidelines.

I understand information submitted herein becomes a part of the Applicant's INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY APPLICATION and is subject to the same representations and conditions.

Signature/Title _____ / _____

Date _____