



Professional Liability Insurance for Insurance Agents and Brokers Third Party 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.

- Name of applicant: _____
- Please check applicable services provided or contracted for by your firm as a Third Party Administrator and where applicable advise premium and gross commission/revenue by coverage/service type:
 - Claims administration – please indicate claims types, i.e., Workers Comp, etc.

 - Cost Containment _____
 - COBRA Compliance _____
 - ERISA Compliance _____
 - Section 125 (Cafeteria Plan) Administration _____
 - Pension Benefits Administration _____
 - Actuarial Services _____
 - Utilization Review (pre-certification) _____
 - Medical Bill Review _____
 - Structured Settlements _____
 - Placement of Reinsurance / Stop-Loss or other type of coverage. _____
 - Other _____
 - Other _____

Was the above commission/revenue included in the main insurance application to which this supplemental application will attach? Yes No

3. Please list clients for whom you provide Third Party Administration Services:

Name of Client	Client Type(s)*	Gross Revenue by Client

* Examples of client type: Municipality, Union, Multiple Employer Trust / Multiple Employer Welfare Arrangement, HMO, PPO, Hospital, Physician Practice, Captive Insurance Program, Risk Retention Group, Insurance Company, MGA, GA. If more than one category of Client Type applies, state so.

4. a. Do you use your own standard client contract for **all** TPA Services you provide? Yes No
- b. If “yes” to 4.a., please provide a copy of your standard contract. If “no” to 4.a., please provide copies of your three largest client contracts.
5. Please provide resumes of key agency personnel with TPA experience.

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

Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for Insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act which is a crime.

Insured Signature: _____ Title: _____

Name (Please Print): _____ Date: _____