

INSURANCE AGENTS / BROKERS SUPPLEMENT



- On what date did the present management assume control, management or ownership of this agency?

- Please provide an annual premium breakdown by line for both new and renewal business combined that has been written by you in the past twelve (12) months. If Firm is newly established, please advise best estimate.

Personal Lines, Property & Casualty	
Automobile	\$ _____
Non-Standard Auto	\$ _____
Dwelling	\$ _____
Inland Marine	\$ _____
Umbrella	\$ _____
All Other (Describe):	
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Life, Accident & Health	
Individual Life	\$ _____
Group Life	\$ _____
Individual A&H	\$ _____
Group A&H	\$ _____
Disability	\$ _____
Pension Plans	\$ _____
All Other (Describe):	
_____	\$ _____
TOTAL	\$ _____

Commercial Lines, Property & Casualty			
Automobile	\$ _____	Professional Liability	\$ _____
Aviation	\$ _____	Trucking	\$ _____
Bonds	\$ _____	Umbrella	\$ _____
Directors & Officers Liability	\$ _____	Wet Marine	\$ _____
General Property / Casualty	\$ _____	Workers Compensation	\$ _____
Including Package Policies		All Other (Describe):	
Inland Marine	\$ _____	_____	\$ _____
Medical Malpractice	\$ _____	_____	\$ _____
Non-Standard	\$ _____	TOTAL	\$ _____

- Please list all the property casualty insurance carriers you represent that comprise 10% or more of your total annual premium volume for these lines and the associated information requested below.

Insurance Carrier (Provide Complete Name)	Annual Premium Volume	Years Represented	A.M. Best Rating

- Please list the other property casualty insurance carriers you represent other than those listed above:

- Please list all the life, accident and health insurance carriers you represent that comprise 10% or more of your total annual premium volume for these lines and the associated information requested below.

Insurance Carrier (Provide Complete Name)	Annual Premium Volume	Years Represented	A.M. Best Rating

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6. Please list the other life, accident and health insurance carriers you represent other than those listed above:

7. Please provide the following information concerning any of your business that has been placed with a wholesale broker or managing general agency:

Wholesaler or Managing General Agency Name(s)	Insurance Carriers Used	Annual Premium Volume	Years Represented
		\$	
		\$	
		\$	
		\$	
		\$	

8. How much of your total annual premium volume is placed in the excess and surplus lines (non-admitted market)? _____%

9. Does your agency have or has it ever had any binding authority? ----- Yes No
If "Yes", please describe the level and type of authority and the lines involved.

10. Has any insurance carrier, wholesale broker or managing general agency ever terminated its agreement with your agency? ----- Yes No
If "Yes", please provide details.

11. Have you placed any business in an insurance company or any other risk-bearing entity (i.e., any trust, pool, risk retention group, etc.) within the past five (5) years that has ceased operation or was declared insolvent, put into receivership, bankruptcy, liquidation or rehabilitation, or has been financially unable to or is unwilling to meet all or part of any legal or financial obligation? ----- Yes No
If "Yes", please provide details.

12. Have you ever been involved in the formation, management or administration of any of the following:

Self-Insured Trusts <input type="radio"/> Yes <input type="radio"/> No	Health Maintenance Organizations <input type="radio"/> Yes <input type="radio"/> No
Insurance Pools <input type="radio"/> Yes <input type="radio"/> No	Any Other Self-Insured Risk
Risk Retention Groups <input type="radio"/> Yes <input type="radio"/> No	Bearing Entities <input type="radio"/> Yes <input type="radio"/> No

13. Please provide an estimated percentage breakdown based on your total annual premium volume of the amount of your business placed in the following capacities. If Firm is newly established, please advise best estimate. Percentages must total 100%.

P & C Agent Directly With Insurance Companies _____%	Placed as a Life Broker or Agent _____%
P & C Broker Through Other Agents, Brokers, Wholesalers or MGA's _____%	Written as a Life General Agent _____%
P & C Wholesaler for Other Agents, Brokers or Agencies _____%	Placed as an Accident & Health Broker or Agent _____%
MGA for Other Agents, Brokers or Wholesalers _____%	Placed as an Accident & Health General Agent _____%

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14. Please provide an estimated percentage breakdown based on your total annual premium volume derived from the following activities. If Firm is newly established, please advise best estimate. Percentages must total 100%.

Insurance Commissions _____%	Premium Financing for Agency Insureds _____%
Claims Adjusting for a Fee _____%	Premium Financing for Non-Agency Clients _____%
Third Party Administrator _____%	Real Estate or Travel Agency Sales _____%
Consulting for a Fee _____%	Real Estate Appraisals / Property Management _____%
Financial Planning for a Fee _____%	Safety or Loss Control Consulting for a Fee _____%
Mutual Fund Sales _____%	Other (Describe): _____%
Marketing for Others for a Fee _____%	_____%

15. Concerning your internal office procedures, do you:

- a. stamp all incoming mail? ----- Yes No
- b. make sure all binders are confirmed in writing? ----- Yes No
- c. require employees to participate in regular errors and omissions loss control seminars? ----- Yes No
- d. have telephone conversation documentation procedures in place? ----- Yes No
- e. have procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of cancellations or material changes in coverage? ----- Yes No
- f. have a date control system in place to track policy and binder expirations? ----- Yes No
- g. have any procedures in place to monitor the financial condition of the insurance companies with which you do business? ----- Yes No
- h. utilize a formal checklist in the review of coverages and policy terms with your clients? ----- Yes No
- i. require that your clients sign an acceptance agreement if coverage or limits are more restrictive than requested or if they choose to reduce or limit their coverage? ----- Yes No

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by a principal, partner or owner as duly authorized on behalf of the Applicant.

Signature of Principal, Partner or Owner

Title

Date