

INSURANCE AGENTS AND BROKERS E & O APPLICATION

Supplement – Wholesale / MGA

Applicant's Instructions: Complete the supplement as it relates to the placement of insurance as Wholesaler or MGA: if the space allotted is not adequate, provide details as a separate attachment; complete, sign and date the supplement in ink

1. Applicant Name: _____

2. What percentage of your written premium is (must total 100%):

Agent	_____ %	Wholesaler:	
Broker	_____ %	Business accepted from other agents:	_____ %
Managing General Agent	_____ %	Reinsurance:	_____ %
Surplus Lines Broker	_____ %	Facultative:	_____ %
Reinsurance	_____ %	Treaty:	_____ %
Consultant (paid a fee)	_____ %	Retailer:	
Other (Specify) _____	_____ %	Business direct from Insureds:	_____ %

3. Number of sub-producers from whom the Applicant receives business: _____

4. How many sub-producers have been granted binding authority? _____

5. Lines of business for which sub-producers are granted authority: _____

6. What is the total Gross Written Premium generated from sub-producers? \$ _____

7. What checks and supervision does the Applicant exercise over producers? _____

8. Does the Applicant require proof of other agent's or agency's E&O coverage? Yes No

9. What is the minimum E&O limit required for sub-producers? _____

10. Does the contract between the Applicant and sub-producers include a hold-harmless agreement in your favor? Yes No
(Please include a sample of the agreement with this application)

11. What fees have been generated in the last 12 months from:

Claims Adjusting:	\$ _____	Insurance Consulting:	\$ _____
Third Party Administrator:	\$ _____	Risk Management Consulting:	\$ _____

12. Functions you perform as Managing General Agent, Program Administrator or agent with binding authority:

Quoting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum limit of your authority: \$ _____
Underwriting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum limit of your authority: \$ _____
Binding:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum limit of your authority: \$ _____
Policy issuance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claims adjusting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum limit of your authority: \$ _____
Claims administration:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
Actuarial service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss control:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reinsurance placement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Please provide complete details on a separate sheet of any specialty programs you manage)

13. Does the Applicant have any discretion over terms, conditions and/or pricing for the programs that you manage? Yes No
If Yes, attach explanation.

14. Does the Applicant have any discretion over the drafting and/or use of endorsements for any of these programs? Yes No
If Yes, attach explanation.

15. Is all rating and policy issuance generated by an electronic system created by the companies you represent? Yes No
If No, provide a copy of the most recent audit report from all companies that do not have an electronic system.

16. How often is an audit performed by the insurers the Applicant represents? _____

17. Estimate the amount of business the Applicant places with carriers that are A.M. Best rated less than B+ or are not rated: _____%

18. List and describe the circumstances behind all MGA/MGU and/or PA contracts have been terminated in the last 5 years:

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Print Name

Title

Signature

Date