



**INSURANCE AGENTS AND BROKERS
SUPPLEMENTAL APPLICATION**

PLEASE COMPLETE THIS SUPPLEMENTAL APPLICATION FOR THE PROFESSION SHOWN IN THE TITLE ABOVE. THIS IS A SUPPLEMENTAL APPLICATION TO THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM MEO 101 (08/08) OR MEO 102 (08/08) WHICH MUST BE COMPLETED AND ACCOMPANY THIS SUPPLEMENTAL APPLICATION. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED BY THE SAME PERSON WHO IS REQUIRED TO SIGN THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION.

THIS SUPPLEMENTAL APPLICATION ALONG WITH MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM MEO 101 (08/08) OR MEO 102 (08/08) ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS SHALL SERVE AS THE BASIS FOR THE POLICY, AND SHALL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THE INSURER RELIES ON THE APPLICATION AND THIS SUPPLEMENTAL APPLICATION IN ISSUING THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

- 1. Applicant Name (SHOULD MATCH THAT GIVEN IN ANSWER TO QUESTION #1 OF THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM MEO 101 (08/08) OR MEO 102 (08/08).

- 2. Indicate percent of Applicant's total revenues earned from the sale of the following: (Must total 100%)

Property, casualty, life and health insurance	_____ %	Fixed rate annuities	_____ %
Premium Financing	_____ %	Variable rate annuities	_____ %
Real Estate	_____ %	Mutual funds	_____ %
Other *	_____ %*	*Please Detail: _____	

- 3. Indicate percentage of the current annual premium volume in Applicant's capacity as: (Must total 100%)

- a) Retail agent, accepting business direct from clients _____ %
- b) Retail broker, accepting business direct from clients _____ %
- c) Wholesale Broker, accepting business from retail brokers and agents _____ %
- d) Managing General Agent with underwriting authority only _____ %
- e) Managing General Agent, with both underwriting and claims payment authority _____ %
- f) Consultant (for fee) _____ %
- g) Other * _____ %*

* Provide details: _____

4. Enter annual premium written with:

Excess & Surplus Lines ("non admitted" and "alien") insurance companies: \$ _____
 Assigned Risk, Government Pools and Fair Plans: \$ _____

5. Enter total, annual premium volume for these insurance products and indicate percent of each to total premium volume:

A. Personal and Commercial Life and Accident/Health:

Group Life, Accident/Health	\$ _____	_____ %
Individual Life, Accident/Health	\$ _____	_____ %
All annuity products	\$ _____	_____ %
TOTAL:	\$ _____	_____ %

B. Personal Lines:

Automobile:	\$ _____	_____ %
Homeowners:	\$ _____	_____ %
Other personal lines	\$ _____	_____ %
TOTAL:	\$ _____	_____ %

C. Commercial Lines:

Primary General Liability:	\$ _____	_____ %
All Workers Compensation:	\$ _____	_____ %
Primary Commercial Auto:	\$ _____	_____ %
Commercial Multi-Peril:	\$ _____	_____ %
Other Commercial Property:	\$ _____	_____ %
Inland Marine:	\$ _____	_____ %
Wet Marine:	\$ _____	_____ %
Contract Bonds & Misc. Surety:	\$ _____	_____ %
Crime & Fidelity:	\$ _____	_____ %
Aviation:	\$ _____	_____ %
Umbrella/ and Excess:	\$ _____	_____ %
Medical Professional - physicians:	\$ _____	_____ %
Medical Professional – hospitals and medical groups:	\$ _____	_____ %
Non Medical Professional Liability:	\$ _____	_____ %
Directors & Officers, Employment Practices & Fiduciary:	\$ _____	_____ %
Other (Specify)*		
* _____	\$ _____	_____ %
* _____	\$ _____	_____ %
TOTAL:	\$ _____	_____ %

6. Do you act as a Managing General Agent (accepting business from brokers and agents with the authority to underwrite, quote, and bind coverage on behalf of an Insurer) ? Yes No
 If yes, complete information below for each such Insurer.

NAME OF INSURER	INSURANCE PRODUCT LINES WITHIN YOUR AUTHORITY	# YRS. HAVING SUCH AUTHORITY WITH THIS INSURER	DOES AUTHORITY INCLUDE CLAIMS SETTLEMENT AUTHORITY
i. _____	_____	_____	_____
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____

(attach additional sheet if necessary)

7. List all Insurers with whom you place business who have either (a) no A. M. Best Co. rating or, (b) an A.M. Best Co. rating below A minus, and indicate your present premium volume with each (include Insurers and volume placed via Excess & Surplus Lines Brokers ("Wholesalers") and Managing General Agents):

<u>Insurer</u>	<u>Annual Premium Volume</u>
i. _____	\$ _____
ii. _____	\$ _____
iii. _____	\$ _____

(attach additional sheet if necessary)

8. List the information requested below for the Excess & Surplus Lines Brokers ("Wholesalers") or Managing General Agents who account for the three largest volumes of business you place with such entities.

Complete Name of Excess & Surplus Lines Broker ("Wholesaler") or Managing General Agent	Annual Premium Volume
i. _____	\$ _____
ii. _____	\$ _____
iii. _____	\$ _____

9. Does Applicant provide Risk Management or Consulting services for a fee? Yes No
 If yes, (a) detail services provided and (b) gross revenues from such services: _____

10. Does Applicant perform Loss Control, Loss Prevention, OSHA or safety inspections for a fee? Yes No
 If Yes, (a) detail such services and (b) gross revenues from such services: _____

11. Does Applicant perform Third Party Administration ("TPA") services? Yes No
 If yes, Complete Third Party Administrators Supplemental Application

12. Are Applicant's files marked to ensure certificate holders are notified of cancellation or material changes? Yes No

13. Does Applicant check all notices of cancellation and non renewal to assure compliance with policy cancellation and non renewal rules and statutory requirements? Yes No

14. Has Applicant established back-up procedures when the firm's licensed personnel are away from the office? Yes No
15. Does the Applicant utilize a diary/ suspense system? Yes No
16. Has the Applicant established and documented a specific orientation program for new employees? Yes No
17. Does Applicant maintain a computer program controlled system for binder issuance? Yes No
 If No, detail system used: _____

18. Does Applicant maintain a computer program control that prepares expiration lists? Yes No
 If No, detail controls in place to create accurate and timely expiration lists: _____

19. Does Applicant advise clients that insurance cannot be bound based upon client's voice mail request? Yes No
 If Yes, describe method (s): _____

20. Does Applicant have an established procedure to follow to provide information to policyholders whose coverage has changed from an occurrence - based policy form to a claims-made based policy form, and vice -versa? Yes No

THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE SAME PERSON REQUIRED TO SIGN AND DATE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM # MEO 101 OR MEO 102 (08/08)

SIGNED: _____

DATE: _____