

**PROFESSIONAL INDEMNITY INSURANCE APPLICATION FORM  
FOR PROGRAM ADMINISTRATORS / MANAGING GENERAL AGENTS / MANAGING GENERAL UNDERWRITERS /  
UNDERWRITING MANAGERS**

(THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY)

NOTE: *The policy provides that the limits of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.*

1. Name of Insured: \_\_\_\_\_  
 DBA (if any): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Additional Locations with Underwriting Authority and State in which they are located:  
 \_\_\_\_\_  
 Date Established: \_\_\_\_\_

The applicant is:  
 Individual     Partnership     Joint Venture     Corporation     Other \_\_\_\_\_

Has the name of the first been changed?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has any other firm been purchased, merged or consolidated with the applicant?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Do you have any plans to merge with or acquire all or part of another firms?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

2. a). List ALL carriers for whom you are an MGA, MGU or Program Administrator:

Carrier	Best Rating	Line(s) of Insurance	Number of Years	Annual Gross Written Premium	Loss Ratio Each of the Last 3 Years		
					%	%	%
					%	%	%
					%	%	%
					%	%	%
					%	%	%

b). Please describe any industries or lines in which you specialize: \_\_\_\_\_  
 \_\_\_\_\_

3.

During the applicant's last financial year what was?	Previous 24 Months	Current 12 Months	Estimated Next 12 Months
Total Gross Written Premium Volume			
Total Net Revenue			

(Net revenue is defined as gross commissions and fees less commission due retail agents and outside brokers. Revenue excludes profit sharing bonus, investment income, and finance charges.)

4. What is the annual percentage breakdown by line of business of the applicant's annual premium volume:

Description	% of Total Premium
Fire and E.C. (Commercial Lines)	
Substandard Policies	
Package Policies	
Homeowners	
Auto Standard	
Auto Non-Standard	
Medical Malpractice	
D & O	
Professional Liability / E&O	
General / Umbrella / Excess Liability	
Workers' Compensation	
Livestock Mortality / Bloodstock	
Flood	
Long Haul Trucking	
Crop Insurance	
Inland Marine	
Wet Marine (please specify type)	
Aviation (please specify type)	
Life (please specify type)	
Accident & Health (please specify type)	
Pollution Liability	
Bonds	
Reinsurance	
Self Insurance Products	
Other (please specify)	100%

5. What percentage of the applicant's business is (based on Gross Written Premium):

- a). Received direct for insured's: \_\_\_\_\_ %
- b). Accepted from other producers: \_\_\_\_\_ %

6. What percentage of Insured's business is (Gross Written Premium):

- a). MGA/MGU (discretionary binding authority):       Yes  No      \_\_\_\_\_ %
- b). Wholesale (discretionary binding authority):       Yes  No      \_\_\_\_\_ %
- c). Wholesale (non-discretionary binding authority):       Yes  No      \_\_\_\_\_ %
- d). Wholesaler (no binding authority):       Yes  No      \_\_\_\_\_ %
- e). Retailer (discretionary binding authority):       Yes  No      \_\_\_\_\_ %
- f). Retailer (no discretionary binding authority):       Yes  No      \_\_\_\_\_ %
- g). Retailer (no binding authority):       Yes  No      \_\_\_\_\_ %
- h). Other, please explain: \_\_\_\_\_

7. What is the total number of staff?

- a). Active owners, partners, officers, directors: \_\_\_\_\_
- b). Underwriters (Not inclusive of individuals listed in #a). \_\_\_\_\_
- c). Number of licensed employee agents, brokers, solicitors  
(Not inclusive of individuals listed in #a). and #b). \_\_\_\_\_
- d). All other full and part time office staff: \_\_\_\_\_
- Total (should equal total employed staff of the firm): \_\_\_\_\_

8.

Active Owners / Partners / Officers / Directors	Title	Percentage of Ownership and Resume

9. Does the agency maintain an insurance license in every state where business is conducted?  Yes  No  
If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Please describe ALL functions you perform as an MGA, MGU and/or Program Administrator.  
\_\_\_\_\_  
\_\_\_\_\_
11. List and describe the circumstances behind all insurance carriers who MGA/MGU and/or Program Administrator contracts have been terminated in the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Please indicate:
- a). Number of policies issued annually: \_\_\_\_\_
  - b). Maximum limits of liability you are able to issue, by line(s) of business: \_\_\_\_\_
  - c). Number of producers from whom you accept business: \_\_\_\_\_
  - d). Number of producers/agents with binding authority: \_\_\_\_\_
  - e). Number of audits performed by carrier(s) annually: \_\_\_\_\_
  - f). Does the applicant have a specific orientation program/office manual review for all new employees:  Yes  No
13. Has the applicant changed carrier partners more than twice in a five-year period for any single product?  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_
14. Do you assume risk on any program? (i.e., captive/sliding scale program or other):  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_
15. Do you have an electronic underwriting, billing, rating, quoting, binding and policy issuance system?  Yes  No  
If "No", for any of these functions, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_
16. Does applicant delegate binding authority to sub-producers?  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Does applicant have authority to handle and/or deny claims?  Yes  No  
If "Yes", please explain authority levels on a separate sheet: \_\_\_\_\_  
\_\_\_\_\_
18. Does applicant place/negotiate purchase reinsurance on behalf of any carriers?  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_
19. Does your carrier partner assume at least 25% of the risk?  Yes  No
20. Does your carrier audit your accounts?  Yes  No  
If "Yes" how many times per year? \_\_\_\_\_
21. Does the applicant have indemnification agreements with their carriers for denial of coverage?  Yes  No
- If the applicant answered "No" to any questions in #19 through #21, then please attach full particulars on a separate sheet.**
22. Are any of your programs running over a 100% combined ratio?  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. How is staff members kept informed of changes in legislation that might affect your firm, clients or carriers?  
\_\_\_\_\_

24. Does applicant require and verify that their sub-producers maintain E&O insurance?  Yes  No
25. a). Do you have procedures to document your files for all business-related telephone conversations and e-mail?  Yes  No
- b). Are all declinations of coverage confirmed in writing?  Yes  No
- c). Do you obtain instructions in writing from customers who want their insurance coverage reduced or eliminated?  Yes  No
- d). Are customers advised in writing whenever insurance coverage cannot be bound immediately or when special restrictions and/or endorsements apply?  Yes  No
26. Please give full particulars of all similar insurances during the past five years:

Insurer	Limit	Deductible	Period	Premium	Retro Date

27. Has any application for professional liability insurance ever been declined or cancelled?  Yes  No  
If "Yes", please explain: \_\_\_\_\_
28. Has the applicant or any partner or employee of any applicant proposed for insurance ever been subject to disciplinary action by any state licensing agency or other regulatory body?  Yes  No  
If "Yes", please explain: \_\_\_\_\_
29. Have any claims ever been made against the first, their predecessors in business or any of the present partners or, to the knowledge of the firm, against any past partners? If yes, complete Claims Supplement.  Yes  No
30. Does any prospective insured have knowledge or information of any circumstances or any allegations or contentions or any incident which may result in any claim being made against the applicant or any of its past or present partners, executive officers, directors, salespersons (whether employees or independent contractors), employees or any predecessors in business?  Yes  No  
If "Yes", please explain: \_\_\_\_\_
31. Limit of Liability requested: \_\_\_\_\_ Deductible requested: \_\_\_\_\_

All written statements and materials furnished to the company to which this application is submitted (herein called the company) in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned applicant declares that the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice: In some states, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York, a person who commits such crime shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Name of Firm: \_\_\_\_\_ By: \_\_\_\_\_  
Owner, Partner or Officer  
(Must be Signed)

Date: \_\_\_\_\_ Title: \_\_\_\_\_

**NOTE: Please attach a sample MGA/MGU/Program Managers contract or engagement letter.**