



**SUPPLEMENTAL  
MISCELLANEOUS  
PROFESSIONAL LIABILITY  
APPLICATION  
Agent/Broker**

**(Claims First Made & Reported)**

Name of Applicant: \_\_\_\_\_

1a. Does the agency or any of its principals own, control or act as director or officer of any other insurer, reinsurer or other insurance-related entity? (If yes, then answer question 1b)... YES  NO

b. What percentage of total income comes from:

Insurance	_____ %	Annuities	
Premium Financing	_____ %	Fixed	_____ %
Real Estate	_____ %	Variable	_____ %
Mutual Funds	_____ %	Other	_____ %
Life, Health and/or Accident (including group insurance)	_____ %		_____ %

2a. Percentage of policies written on a direct bill basis: \_\_\_\_\_ %

b. Commercial Lines	_____ %
Personal Lines	_____ %
<b>Total</b>	<b>100%</b>

c. What percentage of agency business is placed with:

Admitted Carrier	_____ %	Non-Admitted Carrier	_____ %
Service Centers	_____ %	State administered funds	_____ %

**Last 12 Months**

3a. Total P&C gross premiums written annually:	\$ _____
b. Total gross annual P&C commissions:	\$ _____
c. Total gross annual Life and A&H commissions:	\$ _____
d. Total income derived from any other insurance related activities (total from question 4)	\$ _____

4. What fees have been generated in the last 12 months from operations listed below:

	Delete	Add	N/A	Revenue/ Income		Delete	Add	N/A	Revenue/ Income
Reinsurance Intermediary					Actuarial Services				
Third Party Administrator					Tax Adviser				
Claim Adjustment Services					Risk Management/Loss Control				
Investment, Securities Advisor					Motor Vehicle Title Services				
Banking or Loan Origination					Title Insurance				
Pre-paid Legal Services					Mortgage/Mortgage Service Facility				
Human Resources					Real Estate				
Legal Adviser					Data Processing Consulting				
Mutual Funds Brokers/Dealers					Securities Brokers/Dealers				
Counseling (Insurance)					Engineering				

Programs)				
Other				

Other				

5. Property & Casualty business placed as:
- Agent (business placed direct with carriers) \_\_\_\_\_ %
- Surplus Lines Broker \_\_\_\_\_ %
- Reinsurance Intermediary \_\_\_\_\_ %
- Broker (not placing direct with a carrier or placing business on behalf of another agent or broker) \_\_\_\_\_ %
- Total 100%**

6. Number of Personnel:  
(Each individual should only be counted once)
- Owners, Officers, Partners \_\_\_\_\_
- Employee Solicitors, Brokers, Agents \_\_\_\_\_
- Other Employees (include clerical and part-time) \_\_\_\_\_
- Exclusive Non-employee Producers \_\_\_\_\_
- Non-exclusive Non-employee Producers \_\_\_\_\_
- Total** \_\_\_\_\_

7. What percentage of your agency comes from wholesale or surplus lines? \_\_\_\_\_

8. Do you act as a Managing General Agent? YES  NO  If yes, what percentage of your business is placed as an MGA? \_\_\_\_\_

9a. List all companies for which you are Managing General Agent or Program Administrator or have binding authority:

Company	Lines of Insurance	Number of Years	Premium Volume (\$\$)	Loss Ratio Last 3 Years			AM Best Rating
				%	%	%	
				%	%	%	
				%	%	%	
				%	%	%	

b. List all companies for which business is placed with?

Company	Lines of Insurance	Number of Years	Premium Volume (\$\$)	Loss Ratio Last 3 Years			AM Best Rating
				%	%	%	
				%	%	%	
				%	%	%	
				%	%	%	

10. Please list the **SURPLUS LINES AGENTS, MGAs and other agents (not companies)** with whom you currently write business. Please include the most recent annual premium volume written in each.

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_
7. \_\_\_\_\_ \$ \_\_\_\_\_
8. \_\_\_\_\_ \$ \_\_\_\_\_
9. \_\_\_\_\_ \$ \_\_\_\_\_
10. \_\_\_\_\_ \$ \_\_\_\_\_

(If additional space needed, please attach separate page.)

Total: \$ \_\_\_\_\_

% of the above total written in non-admitted companies: \_\_\_\_\_%

11. Loss Control (all locations) –

- a. Are incoming documents date stamped? ..... YES  NO
- b. Are copies of binders/certificates mailed to the insured and/or the carrier within specified guidelines? YES  NO
- c. Are certificates of insurance issued based on policy terms and conditions? ..... YES  NO
- d. Does the agency maintain a policy expiration list? ..... YES  NO
- e. Does the agency use a coverage checklist on all commercial proposals?..... YES  NO
- f. Is there a procedure to maintain written documentation of all rejections of coverage?..... YES  NO
- g. Is there a procedure to periodically review renewal risks for needed changes in coverage?..... YES  NO
- h. Are all applications, policies and endorsements checked for accuracy?..... YES  NO
- i. Are filed marked to ensure certificate holders, regulatory agencies are notified of cancellation or material changes? ..... YES  NO
- j. Is there a procedure for documenting files and telephone conversations?..... YES  NO
- k. What type of diary/suspense procedure does the agency use?.....  
 AUTOMATED PROCEDURE  NON-AUTOMATED PROCEDURE  NONE
- l. Does Applicant have a current Office Procedure Manual?..... YES  NO
- m. Does Applicant have a specific orientation program for new employees? ..... YES  NO
- n. Does the agency use an automated management system? ..... YES  NO
- o. Does the agency utilize a computerized production and accounting system? ..... YES  NO
- p. What type of file system does the agency utilize?..... PAPER  TRANSACTIONAL  IMAGING
- q. Is there a backup procedure for computerized production? ..... YES  NO

**Other Office Locations:**

1. Provide the address and contact name for each additional location:

\_\_\_\_\_

2. Does the responsibility for the additional location(s) listed above rest with management at the principal location?..... YES  NO

3. Does each additional location follow the same loss control policies and procedures as referenced in Application and above?..... YES  NO

4. If "No" to 3. above, please provide a description of the loss control policies and procedures for each additional location below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and it is utilized to develop pertinent information unique to the services rendered.

**In addition to all other terms and conditions: Applicable in Kentucky.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title