

MANAGING GENERAL AGENTS / WHOLESALE BROKERS / PROGRAM ADMINISTRATORS SUPPLEMENT

1. Name of Firm:

2. Please complete the following for which the applicant firm has a underwriting binding authority or a wholesaler contract :

Name of Insurance Company and AM Best rating	Lines of Coverage Placed	Years Represented	# of policies	Binding Authority (Yes or No)	Maximum Limit

3. How many sub-producers does the applicant receive business from? _____

4. Total premium volume from sub-produced business for the past 12 months: \$ _____

5. How many sub-producers (if any) have been appointed with binding authority? _____

6. Lines of business for which such producers are granted authority:

7. What checks and supervision does the applicant exercise over its producers?

8. Does the applicant require and verify that the sub-producers maintain E & O coverage? Yes No

9. Does the applicant's agency contracts or agreements include a bilateral hold harmless agreement? Yes No
Please include a copy of the agency agreements

10. List all functions that the applicant performs as Managing General Agents or Program Administrators.

11. Does the applicant place reinsurance? Yes No

a. If "yes", please give the volume: \$ _____

b. What types of reinsurance are placed?

c. Highest Limits?

d. List assuming companies the applicant places with.

e. List ceding companies the applicant places for.

12. Does the Applicant own, manage or control the management of any insurance company (captive or otherwise) or premium finance company? *If "yes", please advise.* Yes No

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Title

Date