Third Party Administrators Supplement

Applicant N	lame:		
a.	Number of plans administered: Number of accounts:	_ _	
	Number of participants in plans administered:	_	
b.	Actuaries	Data Processing Personnel Insurance Agents/Brokers Others (Describe)	- - -
C.	What types of clients do you serve?% Single Employer Plans% Multi-Employer Trusts (METs)% Multi-Employer Welfare Arrangements (MEWAs% Taft-Hartley Plans	% Public/Government Plans % Pension and/or Profit Sharir	
d.	Approximate percentage of all operations, with annual fermal (i) Administration of Employee Benefit Funds: (ii) Pension and Welfare Fund Consulting: (iii) Management of Employee Benefit Funds: (iv) Actuarial Services: (v) Computer Services: (vi) Commission: (vii) Other: (viii) Actual Fees & Commission for past 3 years:	ees:%	
	(ix) Estimated total Fees & Commission for next year: \$_		
e.	Please describe procedures utilized to ensure that plans	s administered comply with ERISA.	
f.	Are actuarial certifications reviewed by a member of the Academy of Actuaries?		[]Yes[]No
g.	Do you provide professional services to any benefit plan and/or is a partner, director, officer or trustee?		[]Yes[]No
h.	Total dollar amount of claims paid last year: \$	Claim draft limit: \$	
i.	Is the firm licensed (where necessary) or doing business	s as:	
	(i) Insurance Broker		[]Yes[]No
	(ii) Insurance Agent		
	(iii) Managing Genera Agent		
	(iv) TPA		[]Yes[]No
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j.	Do you have authority to bind risl	KS:			
	(i) On behalf of some of your	companies?			[] Yes [] No
	(ii) On behalf of Lloyd's Under	writers?			[] Yes [] No
k.	Do you place stop-loss?				[] Yes [] No
l.	During the firm's last financial year, what was premium volume for:				
	(i) Life:	\$			
	(ii) Accident and Health:	\$			
	(iii) Stop Loss:	\$			
	(iv) Property:	\$			
	(v) Casualty:	\$			
	(vi) Reinsurance:	\$			
	(vii) Marine and Aviation:	\$			
	(viii) Other:				
m.	List the firm's top five Insurance				
1111	List the firm's top five mountainees	oompanies.	% of your	A.M.	
			Premium	Best	
	<u>Name</u>	<u>Premium</u>	<u>Volume</u>	<u>Rating</u>	
	Do you place any hyoinese with i	nouronae companies t	hat have an AM F	least rating of D.	
n.	Do you place any business with i below or are not currently rated?				
	If yes, please give name of comp				
0.	Has any insurance carrier cancel	ed or refused to renew	any contract with	you in the last fiv	ve years?[] Yes [] No
	If yes, please attach details.				
NOTICE_					
	nd that the information submitted he ranty and conditions. Must be signe	•	<i>y</i> ,	, , ,	•
Signa	ature of Owner, Partner or Principal	Tit	le		Date

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