

**Darwin Professional Underwriters, Inc.**  
**for:**

**Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company**

**MANAGING GENERAL AGENT/UNDERWRITER SUPPLEMENTAL  
 APPLICATION**

**NOTE: Please attach a sample contract of engagement.**

1. Named Insured: \_\_\_\_\_  
 DBA (if any): \_\_\_\_\_  
 Home Office Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Additional Locations: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

3. Please describe ALL functions you perform as an MGA, MGU and/or Program Administrator.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. 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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. 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

6. Please describe the procedures/manual documentation used to ensure the adherence to client procedures. \_\_\_\_\_  
\_\_\_\_\_

It is hereby understood and agreed this Managing General Agent/Underwriter Supplemental Application, and required attachment(s) becomes part of and is deemed attached to the INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE POLICY APPLICATION.

Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_  
Date Signed: \_\_\_\_\_ Title: \_\_\_\_\_