

## SUPPLEMENTAL APPLICATION - INSURANCE AGENTS

1. **Agent**  
Are you a captive agent? No Yes  
*If yes, for whom?*

Do you have binding authorities? No Yes  
*If yes, please describe:*

2. Please indicate either the dollar amount or percentages of the **Applicant's** premium volume derived from each line of business listed below. **(If using percentages, the total of all lines should equal 100%)**

### Personal Lines

Auto (Standard)

Auto (Non-standard)

Homeowners/Umbrella

Personal Marine

Other (Describe)

### Life, Accident, & Health

Individual Life

Individual Accident & Health

Group Life

Group Health

Other (Describe)

### Commercial Lines

Auto (other than Long Haul Trucking)

Long Haul Trucking

Business Owners' Policy

General Liability & Property (Non-BOP)

Workers' Comp (Non-retrospective Rated)

Workers' Comp (Retrospective Rated)

Bonds

Crop/Animal Mortality

Aviation

Inland Marine/Ocean Marine

Professional Liability/Medical Malpractice

Other (Describe):

3. Does the Applicant sell securities or any other financial products? No  Yes   
*If yes, please describe:*

4. Please list the top five (5) insurers (including companies, syndicates, captives, etc.) and Managing General Agents with which the **Applicant** has placed business during the past three (3) years.

	Insurer and/or MGA	Premium Volume	Years Represented
1.			
2.			
3.			
4.			
5.			

5. During the past 5 years has the name of the firm been changed, or has any other business been purchased, merged or consolidated with the firm? No  Yes   
*If yes, please describe significant changes in the firm's personnel and operation.*

6. Please give the approximate percentage breakdown of the total of your premium volume and fees as:

**a. Retail Agent**

% Business written directly by you on behalf of an insurer.

**b. Retail Broker**

% Business placed through other intermediaries such as MGAs or wholesale brokers.

**c. Wholesale Broker**

% Business placed on behalf of an applicant of insurance through a retail broker.

7. Do you currently act or have you acted in the past 5 years as an MGA, Reinsurance Intermediary or Surplus Lines Agent? No  Yes

*If yes, please identify amount or percentage of premium volume derived from each of these areas:*

MGA	Surplus Lines Agent	Reinsurance Intermediary
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8. Do you provide services for a fee as a Risk Manager, Consultant or TPA? No  Yes

*If yes, please identify amount or percentage of premium volume derived from each of these areas:*

Risk Manager	Consultant	TPA
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**9. Office Procedures**

Is incoming mail date stamped?	No	Yes
Are all binders confirmed in writing?	No	Yes
Are copies of binders mailed to both insured and company?	No	Yes
Do you have an established procedure for documenting telephone conversations?	No	Yes
Is a policy expiration list maintained?	No	Yes
Are all applications, issued policies, and endorsements reviewed to confirm accuracy?	No	Yes
Is a policy in place to ensure that certificate holders, regulatory agencies and any other relevant parties are appropriately and timely notified of cancellations or any other material changes?	No	Yes
Is there a diary/suspense system?	No	Yes
Does the applicant have an office manual?	No	Yes
Does the applicant provide in-house training sessions?	No	Yes
Does the applicant provide risk management information to its employees and agents?	No	Yes
Does the applicant use a computer system in its operation?	No	Yes

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Name and Title (Please Print):

Applicant Signature:

Date (Mo-Day-Yr):