



THIRD PARTY ADMINISTRATORS SUPPLEMENTAL INFORMATION

NATURE OF BUSINESS

1. a. Indicate the types of services provided, whether the service is provided directly by you or is contracted by you, the total staff in each area that you provide direct service, and the percent of gross revenue derived from that service.

	Provided By		Staff	Revenue
	You	Others		
Claims Administration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Claims Payment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Managed Care Networks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Government Reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Utilization Reviews*	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Medical Bill Review	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Cost Containment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
ADA Compliance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
HMO/PPO	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Actuarial	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Data Processing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Computer Program Design/Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Consulting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %
Other (describe)				

* Utilization reviews as used here is defined as medical treatment review or medical panels that review the prescribed treatment as opposed to medical bill review where the actual treatment is not reviewed and evaluated. This term also includes pre-admission certification (PAC) and continued stay review (CSR) services.

NOTE: Attach copies of all contracts.

- b. Does the applicant make any guarantees or warranties to their clients for any of the above services?
 Yes No If yes, provide details. _____

- c. Does the applicant have any medical doctors or nurses on staff that evaluate and/or provide opinions on recommended medical treatments? Yes No
 If yes, indicate the total number of staff in each category: Doctor _____ Nurse _____
- d. Does the applicant own or lease any medical equipment or supplies that they then make available to clients?
 Yes No If yes, provide details regarding the type and quantity of equipment and any fees charged.

2. Indicate the types of coverage that are serviced and the approximate percentage of the total that the coverage represents. First indicate the split between health/welfare benefit administration and property/casualty claims handling. Below, indicate the breakdowns within each category.

Health/Welfare _____
 Property Casualty _____

100%

Health/Welfare

Health/Disability _____
 Flex Benefits _____
 Vision/Dental _____
 Legal/Child _____
 Workers Compensation _____
 COBRA Compliance _____
 Pension and/or Trust Plans _____
 Other (describe) _____
 _____ 100%

Property Casualty

Personal Lines _____
 Commercial-General Liability _____
 Commercial-Automobile Liability _____
 Commercial-Property/Physical Damage _____
 Commercial-Workers Compensation _____
 Commercial-Marine _____
 Commercial-Professional Liability _____
 Commercial-Excess/Surplus Lines _____
 Other (describe) _____
 _____ 100%

3. a. Does the applicant provide services to any multiple employer trust plans? Yes No
 If yes, provide details and a copy of the contracts. _____

b. Does the applicant provide services to any joint union/management plans? Yes No
 If yes, provide details and a copy of the contracts. _____

4. Does the applicant get involved in the placement of reinsurance and stop loss coverage? Yes No

5. Does the applicant provide services to any alternative insurance plan such as risk retention groups, risk purchasing groups, or captive insurance programs? Yes No
 If yes, provide details that include a copy of all contracts and an explanation of all services that are provided to each plan.

It is understood that this supplement becomes a part of the Professional Liability Application.

Date: _____ Signature: _____

Title: _____