

NAS Insurance Services

INSURANCE AGENTS AND BROKERS SUPPLEMENTAL APPLICATION

1. Name of Applicant: _____

2. List all office locations besides the one listed in question 1:

3. Please provide breakdown of the percentage of total annual income derived from the following activities:

Insurance Commissions.....	____%
Claim Adjusting for a fee.....	____%
Third Party Administrator.....	____%
Consulting for a fee.....	____%
Financial Planning for a fee.....	____%
Marketing for others for a fee.....	____%
Premium Financing for agency insureds.....	____%
Premium Financing for non-agency insureds.....	____%
MGA/MGU/Underwriting Program Services.....	____%
Reinsurance Broker.....	____%
Safety or Loss Control Consultant for a fee.....	____%
Mutual Fund Sales.....	____%
TOTAL	100 %

4. WHOLE-RETAIL- With respect to applicant's annual premium volume, what percentage do you place as a wholesaler and what percentage do you place as a retailer?

Wholesaler _____% Retailer _____%

5. The following is a breakdown of your volume of business by line of cover:

STANDARD BUSINESS

Standard Commissions:

Personal Lines \$ _____
Commercial Lines \$ _____
Total Commission: \$ _____

Standard Personal Lines Premium:

Automobile \$ _____

Homeowners \$ _____

List of other Standard Personal lines written by line:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL Standard Premium for Personal Lines \$ _____

Standard Commercial Lines Premium:

Worker's Compensation..... \$ _____

Commercial Auto..... \$ _____

Commercial Multi-peril..... \$ _____

Inland Marine..... \$ _____

Wet Marine..... \$ _____

Commercial Property..... \$ _____

Bonds-Surety..... \$ _____

Bonds-All other..... \$ _____

Aviation..... \$ _____

Umbrella/Excess..... \$ _____

Other _____ \$ _____

TOTAL Standard Premium Commercial Lines \$ _____

NON-STANDARD BUSINESS:

Non standard business includes: Surplus Lines, Brokerage Business from other agents or brokers, Fair Plans, Government Pools, and other distressed business the applicant controls or processes.

Total Non-Standard Business commissions:

Personal Lines \$ _____

Commercial Lines \$ _____

Total Commission: \$ _____

Non-Standard Premium:

Non-Standard Personal Lines..... \$ _____
 Non- Standard Commercial Auto..... \$ _____
 Brokerage business from other agents
 or brokers..... \$ _____
 Assigned Risk, Governmental Pool and
 Fair Plan..... \$ _____
 Surplus Lines..... \$ _____
 Bonds-Surety..... \$ _____
 Bonds-All other..... \$ _____
 Physicians & Hospitals Professional Liability..... \$ _____
 Professional Liability/D&O..... \$ _____
 Other..... \$ _____

TOTAL Non-Standard Lines \$ _____

TOTAL ALL Premium produced \$ _____

6. List by company name all non-admitted and non-standard carriers including Brokerage Houses (intermediaries) and governmental facilities/plans where you place business and give the estimated % of your total premium placed:

CARRIER/FACILITY PLAN	VOLUME	%OF TOTAL
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Total Life, Accident and Health Commissions \$ _____

NOTE: Life, accident and health annual commission income should include **total** commissions, not net commissions after a split with other producers.

8. Has your agency ever been involved in the formation, management or administration of any of the following:

Self-insured trusts..... Yes No
 Insurance pools..... Yes No
 Risk retention groups..... Yes No
 Health maintenance organizations..... Yes No
 Any other self-insured risk-bearing entities..... Yes No

9. THIRD PARTY ADMINISTRATOR

(a) Does your agency act as a third party administrator (TPA)?

YES NO

If Yes, state what work is performed for what class of business and attach a copy of the contract(s) used.

(b) Annual Income from this service? \$ _____

(c) How many staff members are involved in the TPA operations? _____

Total All Commissions & Other Income \$ _____

10. Please list the complete names of the property and casualty companies represented by your agency:

Name of Insurance Company	Premium Volume	AM Best rating	Year Represented	Underwriting Authority (Y/N)	Line of Business

11. Please list names of wholesale insurance brokers with whom you place business and percentage of total business placed..

_____ %

_____ %

_____ %

12. Please answer the following questions regarding office procedures:

- (a) Is all incoming mail date stamped?..... Yes No
- (b) Are all binders confirmed in writing?..... Yes No
- (c) Has the applicant attended any E & O loss prevention seminars during the past 24 months?..... Yes No
- (d) Is there a procedure for documenting all telephone conversations?..... Yes No
- (e) Are procedures in place to notify certificate holders, mortgagees, regulatory agencies, etc. of cancellations or material changes in coverage?..... Yes No
- (f) Does the applicant have a date control system in place to track policy and binder expirations, etc.?..... Yes No
- (g) Does the applicant have any procedures to check the financial condition of the insurance companies with which business is or will be placed?..... Yes No
- (h) Is a checklist utilized in reviewing required coverages and limits with a client?..... Yes No
- (i) Is a signed acceptance agreement from clients required if coverage or limits are more restrictive than requested?..... Yes No
- (j) Does the applicant turn off the fax machine after business hours?..... Yes No

13. Information regarding personnel, their education, work history, and professional experience:

(a) Give the number of and names of licensed agents, licensed brokers, licensed solicitors, partners, officers of the corporation and stockholders active in the business and considered employed (their FICA taxes are paid by the applicant). Include their years of experience and the year in which they obtained their license.

(b) Unlicensed staff

(c) Name all agents, brokers and solicitors who are considered independent contractors

NAME	VOLUME PRODUCED
_____	\$ _____
_____	\$ _____
_____	\$ _____

NOTE: Independent contractors are not covered under the basic policy but can be added by endorsement on a blanket basis as Additional Insureds for an additional premium to cover them only for work done for applicant's firm.

Check here if the endorsement is being requested by applicant:

(List them in (c) above regardless of whether endorsement is being requested or not.)

(d) How many members of your staff hold an insurance professional designation (CPCU,ARM,AAI, etc.) and what designations(s) do they hold?

Number: _____ Designations: _____

(e) What percentage of your staff attend Continuing Education Programs, and what Programs do they attend?

Percentage _____%

Program(s) _____

(f) Has any prospective insured ever had his/her license revoked or suspended or been fined or disciplined in any way by a state insurance department? YES NO

If yes, attach a supplemental page with details.

14. CONSULTING AND/OR RISK MANAGEMENT SERVICES

(a) Does the applicant engage in Risk Management Consulting? YES NO

If your answer is Yes, state what type of consulting is performed:

Enclose a copy of one of your surveys and written reports completed for a commercial account.

Annual Income from Risk Management services \$ _____

(b) Does the applicant perform Loss Control, OSHA, Loss Prevention, or Safety Inspection service?

YES NO

If yes, give a statement as to the number of personnel employed, their credentials and their work history. Specify service performed.

Annual Income from this service \$ _____

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