



GREAT AMERICAN CUSTOM INSURANCE SERVICES DIVISION
PART OF GREAT AMERICAN INSURANCE GROUP

MANAGING GENERAL AGENTS/UNDERWRITING MANAGERS SUPPLEMENT
(VERSION 8/06)

1. Applicant*: _____
(* Please list all entities for which coverage is desired)

2. Please answer the following for all carriers that the Applicant currently represents or has represented within the past 3 years as an MGA or Underwriting Manager:

- a) Complete Name Of Carrier: _____
b) Length of time as MGA/Und Manager for carrier: _____
c) Exact services provided by Applicant: _____
d) Lines of business written: _____
e) Maximum Limits of Binding Authority: _____
f) Maximum Claims Check draft authority: _____
g) Do you purchase reinsurance on behalf of this carrier? [] Yes [] No
If yes, please describe: _____
h) How often does the carrier audit your agency? _____
i) Any recommendations/criticisms made as a result of audits over last 3 years?

j) Explanation of steps taken by Applicant to address recommendations/criticisms?

k) Number of Accounts, premium written and loss ratio for past 3 years:

Table with 4 columns: Year, Annual Gross Premium Volume, Number of Accounts, Loss Ratio. Three rows of blank lines for data entry.

3. Describe all programs that have been discontinued or moved to another carrier during the last 5 years and the reason for discontinuance/move:

Must be signed and dated by owner, partner or senior officer.

Applicant Signature

Date (Mo/Day/Yr)

(Print or Type Name & Title)