

# INSURANCE AGENTS AND BROKERS E & O APPLICATION

## Supplement – Wholesale / MGA

**Applicant's Instructions:** Complete the supplement as it relates to the placement of insurance as Wholesaler or MGA: if the space allotted is not adequate, provide details as a separate attachment; complete, sign and date the supplement in ink

1. Applicant Name: \_\_\_\_\_

2. What percentage of your written premium is (**must total 100%**):

Agent	_____ %	<b>Wholesaler:</b>	
Broker	_____ %	Business accepted from other agents:	_____ %
<b>Managing General Agent</b>	_____ %	Reinsurance:	_____ %
Surplus Lines Broker	_____ %	Facultative:	_____ %
Reinsurance	_____ %	Treaty:	_____ %
Consultant (paid a fee)	_____ %	<b>Retailer:</b>	
Other (Specify) _____	_____ %	Business direct from Insureds:	_____ %

3. Number of sub-producers from whom the Applicant receives business: \_\_\_\_\_

4. How many sub-producers have been granted binding authority? \_\_\_\_\_

5. Lines of business for which sub-producers are granted authority: \_\_\_\_\_

6. What is the total Gross Written Premium generated from sub-producers? \$ \_\_\_\_\_

7. What checks and supervision does the Applicant exercise over producers? \_\_\_\_\_

8. Does the Applicant require proof of other agent's or agency's E&O coverage?  Yes  No

9. What is the minimum E&O limit required for sub-producers? \_\_\_\_\_

10. Does the contract between the Applicant and sub-producers include a hold-harmless agreement in your favor?  Yes  No  
(Please include a sample of the agreement with this application)

11. What fees have been generated in the last 12 months from:

Claims Adjusting: \$ \_\_\_\_\_ Insurance Consulting: \$ \_\_\_\_\_

Third Party Administrator: \$ \_\_\_\_\_ Risk Management Consulting: \$ \_\_\_\_\_

12. Functions you perform as Managing General Agent, Program Administrator or agent with binding authority:

Quoting:  Yes  No Maximum limit of your authority: \$ \_\_\_\_\_

Underwriting:  Yes  No Maximum limit of your authority: \$ \_\_\_\_\_

Binding:  Yes  No Maximum limit of your authority: \$ \_\_\_\_\_

Policy issuance:  Yes  No

Claims adjusting:  Yes  No Maximum limit of your authority: \$ \_\_\_\_\_

Claims administration:  Yes  No Specify: \_\_\_\_\_

Actuarial service:  Yes  No

Loss control:  Yes  No

Reinsurance placement:  Yes  No

(Please provide complete details on a separate sheet of any specialty programs you manage)

13. Does the Applicant have any discretion over terms, conditions and/or pricing for the programs that you manage?  Yes  No  
If Yes, attach explanation.

14. Does the Applicant have any discretion over the drafting and/or use of endorsements for any of these programs?  Yes  No  
**If Yes, attach explanation.**

15. Is all rating and policy issuance generated by an electronic system created by the companies you represent?  Yes  No  
**If No, provide a copy of the most recent audit report from all companies that do not have an electronic system.**

16. How often is an audit performed by the insurers the Applicant represents? \_\_\_\_\_

17. Estimate the amount of business the Applicant places with carriers that are A.M. Best rated less than B+ or are not rated: \_\_\_\_\_%

18. List and describe the circumstances behind all MGA/MGU and/or PA contracts have been terminated in the last 5 years:

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I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date