Insurance Agents & Brokers

Professional Services Supplemental

This is required in addition to the CorRisk Professional Liability Insurance application. As needed, please attach separate sheets to this supplemental application to provide complete answers.

Applicant Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Agents & Brokers

1. Have there been any cluster arrangements? [ ]  Yes [ ]  No
	1. If Yes, please explain:
2. List all agency owners, officers and licensed producers:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position/Title | License # | # Year Licensed | # Year Licensed with Applicant |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Services

|  |  |  |
| --- | --- | --- |
| 1. | In the past five (5) years, has the Applicant: |  |
|  | 1. Specialized in any programs or classes of business
 | [ ]  Yes [ ]  No |
|  | 1. Placed coverage or been involved in Self Insured/Captives, Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), or Multiple Employer Trusts (MET)?
 | [ ]  Yes [ ]  No |
|  |  If either are ‘Yes’, please attach an explanation, including the name of the program(s), carrier(s), extent of coverage(s) provided, administrative duties performed by the Applicant, and any applicable financial information. |  |
| 2. | Does the Applicant perform any of the following activities:  |  | % of Revenue  |
|  | 1. Actuarial Services
 | [ ]  Yes [ ]  No |      % |
|  | 1. Claims Adjustment Services
 | [ ]  Yes [ ]  No |      % |
|  | 1. Legal Advisor/Services
 | [ ]  Yes [ ]  No |      % |
|  | 1. Reinsurance Intermediary
 | [ ]  Yes [ ]  No |      % |
|  | 1. Risk Management/Loss Control
 | [ ]  Yes [ ]  No |      % |
|  | 1. Third Party Administrator
 | [ ]  Yes [ ]  No |      % |
|  | 1. Title Insurance
 | [ ]  Yes [ ]  No |      % |
|  | 1. Other:
 | [ ]  Yes [ ]  No |      % |
|  |  If ‘Yes’, indicate % of revenue & attach resume(s), promotional materials and sample contract(s). |  |

### Insurance Services / Disciplines

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

**Must total 100%**

|  |  |  |  |
| --- | --- | --- | --- |
| Placement Type | % of Revenue | Placement Type | % of Revenue |
| Commercial Lines | Life/Health |
| Aviation |      % | Accident & Health - Group |      % |
| Bonds/Other |      % | Accident & Health - Individual |      % |
| Bonds/Surety |      % | Annuities |      % |
| CGL/BOP |      % | HMO/PPO/DSP |      % |
| CMP/Package |      % | Life/Group |      % |
| Commercial Auto (Non-Standard) |      % | Personal Lines |
| Commercial Auto (Standard) |      % | Homeowners |      % |
| Crop |      % | Mobile Home/RV |      % |
| Fire (Non-Standard) |      % | Motorcycle |      % |
| Fire (Standard) |      % | Personal Auto (Non-Standard) |      % |
| Incidental Consulting |      % | Personal Auto (Standard) |      % |
| Inland Marine |      % | Pleasure Boat |      % |
| Livestock Mortality |      % | Umbrella |      % |
| Long-Haul Trucking |      % | Unspecified |      % |
| Medical Malpractice |      % | Wind/Flood/EQ |      % |
| Other |      % |  |  |
| Products Liability |      % |  |  |
| Professional Liability |      % |  |  |
| Umbrella/Excess |      % |  |  |
| Wet Marine |      % | Other:       |      % |
| Workers Compensation |      % | Other:       |      % |

Insurance Companies for whom you produce premium

What percent of business is placed with:

* Admitted Carriers      %
* Non Admitted Carriers      %

Top 5 Companies

|  |  |  |
| --- | --- | --- |
| Insurance Company Name | Years Represented | Annual Premium Volume |
|       |       | $       |
|       |       | $       |
|       |       | $       |
|       |       | $       |
|       |       | $       |

All NR or B+ or less by AM Best for which you placed business over the last three years

 [ ]  None

|  |  |  |
| --- | --- | --- |
| Insurance Company Name | Years Represented | Annual Premium Volume |
|       |       | $       |
|       |       | $       |
|       |       | $       |
|       |       | $       |
|       |       | $       |

All insurance companies with whom agency contracts have been terminated in the last 5 years

 [ ]  None

|  |  |
| --- | --- |
| Insurance Company Name | Reason for Termination |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

Premium Breakdown

1. Percentage of policies written on a direct bill basis:      %
2. Percentage of gross written premium placed through a service center:      %
3. Percentage of gross written premium placed through a state administered fund:      %
4. Percentage of business written through MGA’s, other brokers or intermediaries:      %

Annual Written Premium

|  |  |  |
| --- | --- | --- |
| ANNUAL WRITTEN NEW & RENEWAL BUSINESS  | Last 12 Months | Next 12 Months*(estimated)* |
| Property & Casualty  | $       | $       |
| Accident & Health | $       | $       |

Accident, Health, Property & Casualty Business Placed as:

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the business types listed**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Type | % of Revenue | Business Type | % of Revenue |
| Agent (business placed directly with carriers) |      % | Reinsurance Intermediary |      % |
| Broker /Wholesaler |      % | Surplus Lines Broker |      % |
| Managing General Agent/Underwriter |      % | Other:       |      % |