



Managing General Agent/Underwriter Supplemental Application

NOTE: Please attach a sample contract of engagement.

1. Named Insured: _____

DBA (if any): _____

Home Office Mailing Address: _____

Physical Address: _____

Phone: () _____ FAX: () _____ EMAIL: _____

Additional Locations: _____

2 a). List ALL carriers for whom you are an MGA, MGU or Program Administrator:

Carrier	Line(s) of Insurance	Number of Years	Annual Gross Written Premium	Loss Ratio Each of the Last 3 years		
				%	%	%

b). Please describe any industries in which you specialize: _____

3. Please describe ALL functions you perform as an MGA, MGU and/or Program Administrator.

4. List and describe the circumstances behind all insurance carriers who MGA/MGU and/or Program Administrator contracts have been terminated in the last 5 years. _____

5. Please indicate:

- a). Number of policies issued annually: _____
- b). Maximum limits of liability you are able to issue, by line(s) of business. _____
- c). Number of producers from whom you accept business: _____
- d). Number of producers/agents with binding authority: _____
- e). Number of audits performed by carrier(s) annually: _____
- f). Does the Applicant have a specific orientation program/office manual review for all new employees? Yes No

6. Please describe the procedures/manual documentation used to ensure the adherence to client procedures. _____

It is hereby understood and agreed this Managing General Agent/Underwriter Supplemental Application, and required attachment(s) becomes part of and is deemed attached to the INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE POLICY APPLICATION.

Signature of Applicant _____
Print Name _____

Date Signed: _____
Title: _____