



**Professional Liability Insurance for Insurance Services
 MGA/MGU, TPA and Claims Handling Supplemental Application**

Coverage provided by Great Divide Insurance Company, a North Dakota Stock Corporation

Note: This Supplemental Application becomes a part of your Application for coverage with the insurance company and therefore forms a part of the POLICY if coverage is bound.

This Supplemental Application is to be completed with respect to the entire Applicant Firm including all subsidiaries, affiliates and predecessor firms for which coverage is requested. **Please attach copies of standard client contracts with this Supplement.**

Name of Applicant Firm _____

MGA/MGU/Program Administrator Services

If the Applicant Firm is not involved in these services, please check here and skip to Question 10.

- Complete the following for all insurance carriers the Applicant Firm represents as an MGA, MGU or Program Administrator.

Insurance Carrier	Line(s) of Insurance	# of Years Represented	Annual Gross Written Premium	Loss Ratio Each of the Last 3 Years
			\$	___% ___% ___%
			\$	___% ___% ___%
			\$	___% ___% ___%
			\$	___% ___% ___%
			\$	___% ___% ___%

- Please describe ALL responsibilities and duties performed as an MGA, MGU or Program Administrator:



3. Please indicate the maximum binding authority and # of policies issued in the last 12 months for each line of business.

Line of Business	Maximum Binding Authority	Number of Policies
	\$	
	\$	
	\$	
	\$	
TOTAL NUMBER OF POLICIES		

4. Please indicate the Applicant Firm’s maximum authority for reinsurance placements (other than stop loss):
 \$ _____

5. Please indicate the Applicant Firm’s maximum authority for Stop Loss: \$ _____

6. In the last 12 months, have all insurance carrier clients conducted at least one audit? Yes No
 If “No”, please explain:

7. In the last 3 years, were ALL audits deemed satisfactory by insurance carrier clients (no major infractions)?
 Yes No **If “No”, provide a copy of the audit report(s) and the Applicant Firm’s response to each criticism and answer the following:**

- a. Has the Applicant Firm remedied all criticisms? Yes No
- b. Did the insurance carrier restrict underwriting authority or any other authority as a result of the audit?
 Yes No **If “Yes”, please provide complete details on a separate sheet.**

8. Please list and provide complete details of all MGA, MGU and Program Administrator contracts that have been canceled, revoked or terminated in the last 5 years (if none, please state “None”).

9. Indicate the number of sub agents the Applicant Firm has delegated underwriting, claim handling or any other authority: _____ **Please attach details of any delegated authority and a copy of the insurance carrier contract authorizing such delegation.**



TPA/Claims Adjusting/Cost Containment Services

If the Applicant Firm is not involved in any of these services, please check here

10. Please provide a breakdown of the Applicant Firm’s gross revenue derived from the following services in the past 12 months.

Type of Services	Past 12 Months Gross Revenue
Insurance Company Claims Adjusting	\$
Self-Insured / RRG Claims Adjusting	\$
Reinsurance Claims Adjusting	\$
Public Claims Adjusting	\$
Utilization Reviews / Cost Containment	\$
Medical Bill Review / Discounting	\$
Other (Describe):	\$
TOTAL	\$

11. Please indicate the % of total gross revenue (as disclosed in Question 10) derived from the following lines of insurance.

COMMERCIAL LINES		PERSONAL LINES	
Auto	%	Auto	%
Aviation	%	Homeowners	%
Commercial Liability	%	Other (Describe)	%
Commercial Property	%	LIFE AND A&H	
Medical Malpractice	%	A&H	%
Products Liability	%	HMO/PPO/DSP	%
Professional Liability / D&O / EPL	%	Life	%
Workers Compensation	%	Other (Describe)	%
Other (Describe)	%	TOTAL ALL LINES OF INSURANCE	100%

12. Complete the following for the top 3 revenue generating clients for whom the Applicant Firm provides the services disclosed in Question 10.

Client Name	Past 12 Months Gross Revenue	Description of Services
	\$	
	\$	
	\$	



13. Please list all principals, partners, officers, managing members and professional employees of the Applicant Firm engaged in TPA, Claims Adjusting or Cost Containment services.

Name	Title	# of Years with Applicant Firm	Duties Performed*	First Year Licensed	Professional Designations**

*TPA, Claims Adjusting, Cost Containment, etc.

**Memberships in professional organizations, associations or societies, advanced degrees and certifications

14. Please indicate the average number of pending claims per adjuster per week: _____

15. Please indicate the Applicant Firm’s maximum draft authority: \$_____

16. Does the Applicant Firm have authority to deny liability/coverage to a policyholder, handle litigation or handle subrogation/salvage on behalf of its clients/carriers? Yes No If “Yes”, please describe the level of authority for each.

17. Please describe all controls in place to handle suspicious or fraudulent claims.

18. Please describe all controls in place to keep client information confidential including medical and social security information.

19. In the last 12 months, have all insurance carrier clients conducted at least one audit? Yes No
 If “No”, please explain



20. In the last 3 years, were ALL audits deemed satisfactory by insurance carrier clients (no major infractions)?
 Yes No **If “No”, please provide a copy of the audit report(s) and response to each criticism and answer the following questions:**
- a. Has the Applicant Firm remedied all criticisms? Yes No
 - b. Did the insurance carrier restrict draft authority or any other authority as a result of the audit?
 Yes No If “Yes”, please explain
21. Please list and provide complete details of all contracts with insurance carrier clients that have been canceled, revoked or terminated in the last 5 years (if none, please state “None”).
22. Please indicate the total number of sub agents the Applicant Firm has delegated claim handling or any other authority: _____ **Please attach details of any delegated authority and a copy of the insurance carrier contract authorizing such delegation.**
23. Does the Applicant Firm provide utilization/cost containment services? Yes No **If “Yes”, please answer the following:**
- a. Do all utilization review/cost containment procedures implemented by or on behalf of the Applicant Firm comply with URAC and NCQA guidelines? Yes No If “No”, please explain:
 - b. # of cases handled over the past 12 months: _____
 - c. # of cases denied based on medical necessity criteria: _____
 - d. # of cases denied for other reasons: _____
 - e. Details of the Applicant Firm’s appeals procedures for decisions to deny benefits or coverage for medical care:



- f. Please explain the minimum qualifications of personnel who have authority to deny cases based on medical necessity criteria:

Please Read Carefully

I understand that the information submitted herein becomes a part of the Applicant Firm's Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated

Signature (must be a Partner, Officer or Principal)

Title of Partner, Officer or Principal

Printed Name of Partner, Officer or Principal

RETURN APPLICATION VIA EMAIL: mplsubmissions@berkleysp.com

Berkley Service Professionals

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FRAUD NOTICE

(Not applicable in the states mentioned below where a specific warning applies)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ALASKA CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA CLAIMANTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS AND CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA CLAIMANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE CLAIMANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO APPLICANTS OF FLORIDA AND CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO CLAIMANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA CLAIMANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS AND CLAIMANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO APPLICANTS OF KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS AND CLAIMANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS AND CLAIMANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MASSACHUSETTS, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS AND CLAIMANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MINNESOTA CLAIMANTS: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NOTICE TO NEW HAMPSHIRE CLAIMANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO APPLICANTS OF NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS AND CLAIMANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS AND CLAIMANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS AND CLAIMANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TEXAS CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.