

SUPPLEMENTAL FOR THIRD PARTY ADMINISTRATOR

1. Full name of Applicant: _____

2. Does the Applicant provide services to the following types of clients? If Yes, provide the percentage of total services provided:

Single Employee Plans	%
Multi Employer Plans	%
Multi Employer Trusts (METs)	%
Multi Employer Welfare Arrangements (MEWAs)	%
Corporate Plans	%
Taft-Hartley Plans	%
Public/Government Plans	%
Pension and/or Profit Sharing Plans	%
Association Plans	%
Other (Specify): _____	%

3. Describe the procedures by the Applicant to ensure that the plans administered comply with ERISA.

4. Are the actuarial certificates reviewed by a member of the Society of Actuaries or American Academy of Actuaries? ☐ YES ☐ NO

5. Does the Applicant or any of its principals or employees retain ownership interest in and/or act as a partner, director, officer or trustee for any clients or any plans? If yes, provide complete details.

☐ YES ☐ NO

6. a) Total annual contributions to self insured plans administered:

\$ _____

b) Total dollar amount of claims paid last year:

\$ _____

c) Claim draft limit:

\$ _____

7. **List the Applicant's five largest accounts:**
- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

8. **Total dollar amount of Applicant's Fidelity Bond: \$** _____

9. **List the top five insurance carriers through which the Applicant places business:**

Name	Premium	%of Total Premium Volume	A.M. Best Rating
(1) _____			
(2) _____			
(3) _____			
(4) _____			
(5) _____			

10. **Provide the percentage of the Applicant's fees derived from:**

Administration of health plans	\$
Administration of pension plans	\$
Administration of self insured Worker's Compensation	\$
Administration of other self insured programs – specify coverage	\$
Placement of stop losses or reinsurance products	\$
Placement of L/A & H Insurance to fund plans administered by Applicant	\$
Placement of L/A&H Insurance other than above	\$
Placement of P& C Insurance	\$
Loss Control Services (describe on separate attachment)	\$
Consulting Services (describe on separate attachment)	\$
Actuarial Services	\$
Utilization Review	\$
Other (specify)	\$

11. Provide the number of employees by job classification:

Example: *Employed Actuaries* *2*
 Claims Examiners *4*

Job Classification	No. Employees
_____	_____
_____	_____
_____	_____

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date _____

Applicant _____
Name of _____

*Signature of a person authorized to execute
on behalf of the Applicant.*

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.