

Professional Liability: Insurance Agents & Brokers Supplement

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Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. Name of Applicant: _____

2. Please identify the percentage and premium volume for the following lines of business:

Life and Accident/Health:	Premium Volume	Annualized Revenues (Commission & Fees)
Life		
Accident & Health		
Mutual Funds		
Annuities		
Other Life & A/H, Please specify:		
Total Life & A&H	100%	
Personal Lines:		
Automobile		
Homeowners		
Other Personal Lines, please specify:		
Total Personal Lines	100%	
Commercial Lines:		
Aviation		
Bonds		
Bonds – Surety		
Commercial Auto		
Commercial Multi-Peril		
General Liability		
Inland Marine		
Physicians & Hospitals		
Professional Liability		
Umbrella/Excess		
Wet Marine		
Workers' Compensation		
Other Commercial Property, please specify:		
Total Commercial Lines	100%	

3. Please identify the licenses held by the Applicant's Owners, Principals, Officers, Producers, Brokers and Agents: P&C Life/A&H NASAD 6 NASD7

4. What percentage of business is placed with the following:

- a. Admitted Carrier _____ %
- b. Non-Admitted Carrier _____ %
- c. Carrier rated NR, B+ or less _____ %
- d. Through Brokers or Wholesales _____ %
- e. With MGAs/MGUs _____ %

5. Does Applicant have a procedure in place to notify policyholders of a carrier rating downgrade? Yes No

6. Please indicated the services performed by the firm and the percentage of total commission and fee revenue derived from each service, answer with N/A if not applicable:

Services	Percentage	Annualized Revenues
Agent		
Broker/Wholesaler		
Consultant		
MGA/MGU/Program Administrator (please complete 2a-c if applicable)		
Reinsurance Intermediary		
Risk Manager/Loss Program Administrator		
Surplus Lines Broker		
Third Party Administrator/Claims Administrator		
Other; please specify		
TOTAL	100%	

a. Please indicate all functions the Applicant is providing as a MGA, MGU and/or Program Administrator:

- Actuarial service Yes No
- Binding Yes No If yes what is the Maximum Authority \$ _____
- Claims Adjusting Yes No If yes what is the Maximum Authority \$ _____
- Claims Administration Yes No If yes, please specify _____
- Loss control Yes No
- Quoting Yes No If yes what is the Maximum Authority \$ _____
- Reinsurance Yes No
- Underwriting: Yes No If yes what is the Maximum Authority \$ _____
- Other, please specify _____ Yes No If yes what is the Maximum Authority \$ _____

b. Please identify all of the programs for which the Applicant acts as an MGA, MGU, GA , Program Administrator and/or has binding authority:

Carrier	Lines of Insurance/Authority Level	Number of Years Contracted	Annual Gross Written Premium	Loss Ratio for the Last 3 years		
				%	%	%

c. Please list and describe the circumstances behind all insurance carriers with whom MGA, MGU and/or Program Administrator contracts were terminated in the last 5 years (attach separate pages if necessary):

7. Please identify if the following office procedures are in place for all locations:

- a. Agency maintains policy expiration lists Yes No
- b. Agency uses an exposure analysis and/or coverage checklist program Yes No
- c. All applications, policies and endorsements are verified for accuracy Yes No
- d. COI's are issued based on policy terms and conditions Yes No
- e. Copies of Binders/COI's are provided to Insured prior to policy issuance Yes No
- f. Copies of binders are mailed to the Insured and/or the company within specified guidelines Yes No
- g. Current Office Procedure Manual is in place Yes No
- h. Agency documents all coverage and limit rejections in writing Yes No
- i. Files are marked to ensure certificate holders and/or regulatory agencies are notified of cancellation or material changes Yes No
- j. Incoming documents are date stamped Yes No
- k. Written requests are required from Insureds who desire to change or cancel coverage Yes No
- l. Procedures are in place to document all pertinent telephone conversations Yes No

FALSE INFORMATION

THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature: _____

Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.