

# E. A. KELLEY COMPANY

## MANAGING GENERAL AGENTS / PROGRAM ADMINISTRATORS SUPPLEMENTAL APPLICATION

---

**Important: Complete for each underwriting relationship**

1. Please provide the following information for the Insurer with whom the Applicant has an MGA relationship:
  - a. Insurer \_\_\_\_\_
  - b. Lines of Insurance \_\_\_\_\_
  - c. Premium Volume \_\_\_\_\_
  - d. Years Represented \_\_\_\_\_
  - e. Maximum Limit \_\_\_\_\_
  - f. Claims Authority \_\_\_\_\_
  - g. Does carrier assume risk? \_\_\_\_\_
  - h. Admitted, non-admitted? \_\_\_\_\_
  - i. A.M. Best Rating \_\_\_\_\_
2.
  - a. What is the Applicant's total gross written premium for this program? \$ \_\_\_\_\_
  - b. What is the Applicant's total annual commission volume for this program? \$ \_\_\_\_\_
  - c. Please provide loss ratio for this program for the past 5 years: \_\_\_\_\_
3. Number of producers from whom you receive business: \_\_\_\_\_
4. Number of producers you have appointed with binding authority: \_\_\_\_\_
5.
  - a. Do you require and verify producers carry E&O Insurance? ! Yes ! No
  - b. If yes, what are the minimum E&O limits required? \$ \_\_\_\_\_
  - c. How is this monitored? \_\_\_\_\_
6. Does the Insurer (s) perform an audit? ! Yes ! No  
How often? \_\_\_\_\_ When was the last audit conducted? \_\_\_\_\_
7. Have any audit reports issued in the past year raise any issues which might reasonably give rise to either a) an E&O claim or b) a discontinuation of the MGA relationship? ! Yes ! No
8. Do you have a written contract with the Insurer(s) for whom you underwrite? ! Yes ! No  
If Yes, please attach.
9. Please provide complete details (on a separate sheet of paper, if necessary) on any programs that have been dissolved, discontinued, terminated or moved to another Insurer during the past five (5) years. If none, please state so.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please list all functions you perform as an MGA / Program Administrator including, but not limited to, underwriting, rating, quoting, claims handling, policy issuance, etc.

---

---

---

11. Do you place the reinsurance on any of the MGA programs? ! Yes ! No

12. Describe claim procedures. \_\_\_\_\_

---

---

---

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

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_