



Supplemental Application
for
Canadian Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

TPA SUPPLEMENTAL APPLICATION

Name of Applicant's Firm:

Address:

1. Does the Applicant provide TPA Services for:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| (a) Accident & Health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Property & Casualty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Workers' Compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Pension and/or Retirement Plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Please give approximate percentage of revenue derived from the following types of client insurance/benefit plans:

Property/Casualty Insurance/Risk Management	_____ %
Taft-Harley (Union) Plans	_____ %
Multi-Employer Plans	_____ %
Single Employer Plans	_____ %
Pension and/or Profit Sharing Plans	_____ %
Multiple Employer Trusts (METs, MEWAs)	_____ %
Public/Government Plans	_____ %
Health and Welfare Plans	_____ %
Insurance Carriers	_____ %
Association Plans	_____ %
Corporate Plans	_____ %

3. Please provide a breakdown of the percentage of the Applicant's total services:

(a) Benefit Administration:	_____ %
(b) Actuarial Services:	_____ %
(c) Claims Administration:	_____ %
(d) Marketing of Plans:	_____ %
(e) Investment Management of Plan Funds:	_____ %
(f) Benefit Plan Design:	_____ %
(g) Placement of Reinsurance/Stop-Loss Coverage:	_____ %
(h) Utilization Review:	_____ %
(i) Administration of COBRA Benefits:	_____ %
(j) Other – specify:	_____ %

TOTAL 100%

4. How many of the Applicant's employees are:
- (a) Actuaries: _____
 - (b) Claims Administration Personnel: _____
 - (c) Data Processing Personnel: _____
 - (d) Certified Public Accountants: _____
 - (e) Lawyers: _____
 - (f) Financial Planners: _____
 - (g) Investment Managers: _____
 - (h) Insurance Agents/Brokers: _____
 - (i) Licensed Physicians: _____
 - (j) Nurses: _____
5. Does the Applicant maintain fidelity insurance on its operation? ☐ Yes ☐ No
If yes, provide the limit carried (CAD): \$_____
6. Does the Applicant manage or provide any services for any Preferred Provider Organization, Health Maintenance Organization or other managed care program? ☐ Yes ☐ No
If yes, provide complete details of services the Applicant performs and provide a copy of standard contracts between the Applicant and the managed care organization(s).
7. (a) Are all independent contracted medical personnel verified to have valid and active medical licenses? ☐ Yes ☐ No
(b) Does the Applicant require them to show proof of malpractice insurance maintained? ☐ Yes ☐ No
(c) What is the minimum limit of malpractice insurance the Applicant requires them to maintain? ☐ Yes ☐ No
8. Does Applicant perform utilization review or cost containment services in conjunction with administration of clients' employee benefit plans? ☐ Yes ☐ No
If yes, has the Applicant established a separate company or corporate entity to perform such services. ☐ Yes ☐ No
If No, please explain.
9. Do the Applicant's clients sign-off or approve in writing the materials the Applicant distributes? ☐ Yes ☐ No
If no, advise why not.
10. (a) Does the Applicant perform services as a fiduciary, as defined under ERISA or the Benefits Pension Standards Act (PBSA)? ☐ Yes ☐ No
(b) If yes, does the Applicant have written procedures in force to ensure plans administered by the Applicant comply with by the ERISA or the Benefits Pension Standards Act (PBSA)? ☐ Yes ☐ No
- 11.(a) Does the Applicant offer services as a 3(16) Fiduciary? ☐ Yes ☐ No
If so, is the Applicant a Named Fiduciary in any Plan Document(s)? ☐ Yes ☐ No
(b) Does the Applicant purchase fiduciary insurance for your 3(16) services as a Named Fiduciary ? ☐ Yes ☐ No
12. Does the Applicant exercise any discretionary authority over plan assets? ☐ Yes ☐ No
13. Does the Applicant or any affiliated entity serve as Investment Advisor/Manager of any of the funds for which you are named fiduciary? ☐ Yes ☐ No
14. Does (or has) the Applicant formed or managed any insurance captive, rent-a-captive, risk retention group or insurance pooling arrangement? ☐ Yes ☐ No
15. Does the Applicant provide any investment advice or recommendations regarding funding mechanisms? ☐ Yes ☐ No
16. Does the Applicant have authority to make decisions about coverage or benefits entitlement? ☐ Yes ☐ No

17. How does the Applicant determine denial of claim benefits?

18. What percentage of claims/benefits have been denied in the past twelve (12) months? %

19. What is the appeal process for denied claims/benefits?

20. What percentage of denials have been appealed in the last (12) months? %

Fraud Warning

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.

This Application must be signed by the Applicant.

_____	_____	_____
Signature	Title	Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.