



Supplemental Application
 for
 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: _____

Street Address: _____

City, State, Zip: _____

1. Does the Applicant provide TPA Services for:
- (a) Accident & Health? Yes No
 - (b) Property & Casualty? Yes No
 - (c) Workers' Compensation? Yes No
 - (d) Pension and/or Retirement Plans? Yes No

1a. 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 _____ %

2. 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%

3. 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: _____
4. Does the Applicant maintain fidelity insurance on its operation? Yes No
If yes, provide the limit carried: \$ _____
5. 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).
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6. (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
7. 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 yes to (b), please explain. _____
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8. Do the Applicant's clients sign-off or approve in writing the materials the Applicant distributes? Yes No
If no, advise why not. _____
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9. (a) Does the Applicant perform services as a fiduciary, as defined under ERISA? 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? Yes No
10. (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
11. Does the Applicant exercise any discretionary authority over plan assets? Yes No
12. 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
13. Does (or has) the Applicant formed or managed any insurance captive, rent-a-captive, risk retention group or insurance pooling arrangement? Yes No
14. Does the Applicant provide any investment advice or recommendations regarding funding mechanisms? Yes No
15. Does the Applicant have authority to make decisions about coverage or benefits entitlement? Yes No

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

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

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

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

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:

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 may also be subject to a civil penalty.

In Colorado: *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.*

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.*

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: *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.*

In Pennsylvania: *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.*

In Washington, Maine, Louisiana and Tennessee: *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.*

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.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division
One Penn Plaza, Suite 2100, New York, NY 10019