



Swett & Crawford

THIRD PARTY ADMINISTRATORS PROFESSIONAL LIABILITY INSURANCE APPLICATION

APPLICANT'S INSTRUCTIONS.

Answer all questions. If the answer requires detail, please attach a separate sheet.
PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

APPLICANT INFORMATION

1.

- (a) Applicant Name: _____
- (b) Principal Office Address: _____
- (c) Coverage Requested: Limit _____ (per claim) _____ (agg.) Deductible _____ Effective Date: _____
- (d) Corporation? Partnership Individual Other: (Specify) _____ Date Established _____
- (e) Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____
- (f) During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
If yes, please detail changes _____

APPLICANT OPERATIONS

2.

- (a) Number of plans administered: _____ Number of accounts: _____ Number of participants in plans administered: _____
- (b) Number of employed:
 _____ Accountants _____ Claims Administration Personnel _____ Insurance Agents/Brokers
 _____ Actuaries _____ Data Processing Personnel _____ Others (describe) _____
- (c) What types of clients do you serve?
 Single Employer Plans: _____ % Public/Government Plans: _____ %
 Multi-Employer Trusts (METs): _____ % Pension and/or Profit Sharing Plans: _____ %
 Multi-Employer Welfare Arrangements (MEWAs): _____ % Partially Self-Funded/Minimum Premium Plans: _____ %
 Taft-Hartley Plans: _____ %
- (d) Approximate percentage of all operations, with annual fees:
- | | | |
|---|------------|----------|
| (1d) Administration of Employee Benefit Funds: | _____ % | \$ _____ |
| (2d) Pension and Welfare Fund Consulting: | _____ % | \$ _____ |
| (3d) Management of Employee Benefit Funds: | _____ % | \$ _____ |
| (4d) Actuarial Services: | _____ % | \$ _____ |
| (5d) Computer Services: | _____ % | \$ _____ |
| (6d) Commission: | _____ % | \$ _____ |
| (7d) Other: | _____ % | \$ _____ |
| (8d) Actual Fees / Commission for past (3) years: | | |
| | 19 _____ % | |
| | 19 _____ % | |
| | 19 _____ % | |
| (9d) Estimated total Fees / Commission for next year: | | _____ |
- (e) Please describe procedures utilized to ensure that plans administered comply with ERISA _____
- (f) Are actuarial certifications reviewed by a member of the Society of Actuaries or American Academy of Actuaries? Yes No
- (g) Do you provide professional services to any benefit plan which you retain ownership interest and/or is a partner, director, officer or trustee? Yes No
If yes, please provide complete details: _____
- (h) Total dollar amount of claims paid last year: \$ _____
- Claim draft limit. \$ _____



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(i) Is the firm licensed (where necessary) or doing business as:

- (1i) Insurance Broker Yes No
- (2i) Insurance Agent Yes No
- (3i) Managing General Agent Yes No
- (4i) TPA Yes No
- (5i) Other (Please specify) _____

(j) Do you have authority to bind risks.

- (1j) On behalf of some of your companies Yes No
- (2j) On behalf of Lloyd's Underwriters Yes No

(k) Do you place stop-loss? Yes No

(l) During the firm's last financial year what was premium volume for

- (1l) Life: \$ _____
- (2l) Accident and Health: \$ _____
- (3l) Stop Loss: \$ _____
- (4l) Property: \$ _____
- (5l) Casualty: \$ _____
- (6l) Reinsurance: \$ _____
- (7l) Marine and Aviation: \$ _____
- (8l) Other: \$ _____

(m) List the firm's top five insurance Companies:

Name	Premium	% of your Premium Volume	A.M. Best Rating

(n) Do you place any business with insurance companies that have an A M Best rating of B+ or below or are not currently rated? Yes No

If yes, please give name of company and premium volume. _____

(o) Has any insurance carrier canceled or refused to renew any Contract with you in the last five years Yes No

If yes, please attach details.

(p) Year 2000

(1p) Does your computer systems store a four-digit year? Yes No

(2p) If NO please attach a description or corrective measures taken to resolve the systems problem presented by the year 2000, including the date upon which you anticipate the problem will be solved.

(3p) Are you, in the course of your business, involved in working to solve the year 2000 problem as a consultant/advisor or as a part of your employment? Yes No

(4p) If YES, what percentage of your work is involved? _____ %

3. CLAIMS HISTORY

(a) Have any claims been made during the past five years against the firm, their predecessors in business or any of the present partners or, to the knowledge of the firm, against any past partners? Yes No

If yes please attach details including: Date of loss for each claim, name of claimant, present status, amount paid and by whom.

(b) Is the firm aware of any circumstance which may result in any claim being made against the firm, their predecessors in business or any of the present or past partners? Yes No

If yes, please attach details including: Date of loss for each claim: name of claimant, present status of claim, amount paid and by whom.





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(c) Third Party Administrators E & O Coverage carried by the firm for the last three years:

Carrier	Expiration	Limit	Deductible	Date

(d) Has any Professional Liability Insurer canceled or refused to renew coverage during the past five years? Yes No

(e) Has your company panics or any employee ever been involved in administrative hearings conducted by any insurance commission or state regulatory body? Yes No

If yes please explain: _____

4. ADDITIONAL INFORMATION

(a) Please attach separately lists of:

- Partners, key employees, etc. and their professional qualifications: and
- Professional societies & organizations to which they or the firm belonged)

Copies of:

- Advertisements, brochures, descriptive literature;
- Sample contract for services between the applicant and its clients; and
- Latest financial data (annual report or balance sheet and income statement).

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period Option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Swett & Crawford

Signature of Applicant _____

Title (Officer partner, etc.) _____

Date _____

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

