

Instructions to the applicant:

- 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation**
- 2. If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.**
- 3. Application must be signed and dated by authorized person.**

1. APPLICANT: _____
2. Indicate for the last six years any predecessor firms as a result of any mergers, acquisitions or name changes: _____

3. Indicate addresses of branch offices: _____

4. Indicate approximate percentage of all operations engaged in (should total 100%)

Administration of health & welfare plans	_____ %
Administration of pension plans	_____ %
Claims examination and handling-benefit plans	_____ %
Claims examination and handling-property/casualty	_____ %
Actuarial Services (related to administration of clients' plans (if any please describe)	_____ %
"Stand Alone" actuarial services (if any, please describe on a separate attachment)	_____ %
Computer Services related to administration of clients' plan (if any, please describe)	_____ %
"Stand Alone" computer services (please provide a separate description)	_____ %
Placement of "stop loss" or reinsurance products on a fee or commissions basis	_____ %
Placement of A&H and/or life insurance products used to fund plans administered by the Insured	_____ %
Utilization Review / Cost Containment	_____ %
Risk Management Services	_____ %
Plan Design/Consulting Services	_____ %
Loss Control or Engineering Services	_____ %
Claims Audit Services	_____ %
Telemarketing Services (If you do provide telemarketing services, please attach a detailed description)	_____ %
Workers compensation	_____ %
Litigation Management Services	_____ %
Other (Please describe)	_____ %
_____	_____ %

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

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

6. a. Total number of plans administered _____
b. Total number of participants in plans administered by the Applicant _____
c. Total annual contributions to the plans administered by the Applicant _____
d. Total annual benefit and insurance payments issued in the administration of all plans \$ _____

7. Specify the percentage of client's plans that are:
- a. Fully Insured _____%
 - b. Split funded (partially insured) _____%
 - c. Self-insured _____%

8. Does the applicant, its partners, directors, officers or employees act as trustee for any clients or nonclients? If yes, please provide details. Yes No

9. Percent of annual revenues derived solely from contract administration services: _____%

10. Does the applicant administer any self-funded multiple employer trusts (METS)? Yes No
If yes, please provide details on a separate sheet.

11. Does your firm provide any investment advice as respects assets on any recommendations Yes No regarding plan-funding mechanisms? If yes, please provide details on a separate sheet.

12. If the applicant performs utilization review or cost containment services in conjunction Yes No with administration of clients' employee benefit plans, has the applicant established a separate company or corporate entity to perform such services?
If yes, please provide details on a separate sheet.

13. Describe the measures, which the Applicant has instituted to ensure that various client plans are in compliance with ERISA or other applicable statutes? _____

14. To what extent are outside attorneys, accountants, actuaries, and CPA's utilized in order to comply with ERISA or other applicable statutes: _____

15. Name and address of law firms utilized by applicant in providing services: _____

16. Name and address of accounting firms utilized by applicant in providing services: _____

17. If actuarial services provided, please list actuarial staff, experience, training and certification: _____

18. Does or has the applicant formed or managed any Preferred Provider or similar managed Yes No care organizations? If yes, please provide details: _____

19. Does or has the applicant formed or managed any insurance captive, rent-a captive, Yes No risk retention group or insurance pooling arrangements? If yes, please provide details: _____

20. If applicant adjusts, examines or settles any claims on behalf of an insurer, benefits provider, or self-insured or pooled insurance or benefits program, also complete the Claims Adjusters, Examiners and Handlers Supplemental Application.

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (m-d-y)