



**SUPPLEMENTAL MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
MGA, MGU, GA AND/OR PROGRAM
ADMINISTRATORS – INSURANCE AGENTS
and BROKERS ERRORS and OMISSIONS
(Claims Made & Reported Basis)**

Richter Robb Pacific Ins. Service
3990 W. YOSEMITE AVE
LATHROP, CA 95330
209-249-5100 fax: 209-858-1955
CA. # 0708939 NV # 632045

APPLICANT'S INSTRUCTIONS: 1. Answer all questions. If the answer requires detail, please attach a separate sheet. 2. Application must be signed and dated by owner, partner or officer. 3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

Name of Applicant: _____

**PROVIDE DETAILS ON ALL PROGRAMS FOR WHICH YOU ACT AS AN MGA, MGU, GA AND/OR PROGRAM ADMINISTRATOR
(Complete the following for each program)**

Program description (Industry and/or Lines of Business) _____

Carrier Name _____

Current Annualized Premium Volume _____

Year of Program (Inception) With This Carrier _____

Authority Level for Each Line of Coverage _____

Loss Ratios of Underwriting Facilities _____

Please review all carrier-conducted Underwriting and/or Administration/Finance Audits for the past three years and advise if, as a result of any carrier-conducted audit, you have received any of the following:

- Threat of termination.
- An overall grade of Unsatisfactory or a comparable overall grade.
- Any breaches of authority.
- Any audit problem characterized as "significant", "material", "serious", or which might reasonably be deemed as significant, material or serious in nature.

Are any of your programs audited less than once each calendar year for Underwriting?..... Yes No
If "Yes", please provide details about the program and the frequency of underwriting audit _____

Do you own or are you under common ownership with any TPAs or producers from whom you receive business? Yes No
If Yes, please provide their names and details of their errors and omissions coverage. _____

Who establishes rating procedures? _____

Who underwrites specific accounts? Insurer Your agency

Is claims handling authority given to your agency pursuant to the terms of your MGU Agreement? (If yes, complete the following:) Yes No

- (i) Claims handling authority level: _____
- (ii) Amount held in claim fund for each insurer: _____
- (iii) Amount of fidelity coverage carried by your agency: _____
- (iv) Do you delegate claims handling authority to others? Yes No
If yes, advise to whom and details of their errors and omissions coverage. _____

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and it is utilized to develop pertinent information unique to the services rendered.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.