



GENERAL STAR INDEMNITY COMPANY
BOND SUPPLEMENT
INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E & O)

Agency Name:

1. Identify premium volume and number of bond accounts:

<u>Type of Bonds</u>	<u>Premium Volume</u>	<u>Number of Accounts</u>
Contract	_____	_____
License and Permit	_____	_____
Public Official	_____	_____
Judicial	_____	_____
Federal	_____	_____
Fidelity	_____	_____
Financial Institution	_____	_____
Other (Specify):	_____	_____
_____	_____	_____

2. Please provide the following information for the top 3 carriers used for bond business:

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

3. Does the agency accept brokered bond business? Yes No
4. Does the agency have any pre-executed bonds in the office? Yes No
5. a. Does the agency have a procedure used to monitor and control the use of powers of attorney and corporate seals provided by carriers? Yes No
- b. Are powers of attorney and corporate seals locked and separated? Yes No
- c. Are powers of attorney numbered, logged and tracked? Yes No
6. Does the agency have a system that provides non-resident state requirements? Yes No
If Yes, how often are requirements updated? Monthly Quarterly Yearly

7. Does the agency have written authority to sign consents of surety for:
- a. increase in bond amounts? Yes No
- b. release of retainage? Yes No
8. Has the bond carrier provided the agency a line of credit for any client? Yes No
If Yes, does the agency have written documentation of the line? Yes No
9. Does the agency have joint control capacity on any bonds written? Yes No
10. Is the agency involved in any current or past guarantees on loans to surety clients? Yes No
11. Is the agent on the Board of Directors or does agent have affiliation with clients other than acting in the capacity of an insurance agent? Yes No
12. Has any agent within the agency, or the agency itself ever had their power of attorney revoked, suspended or declined? Yes No
13. List the agency staff who handle bond accounts along with experience.

Name	Yrs. of Bond Experience	Position In Agency	Power of Attorney?
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)