



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

Applicant's Instructions: Complete the supplement as it relates to the placement of insurance as Wholesaler or MGA: if the space allotted is not adequate, provide details as a separate attachment; complete, sign and date the supplement in ink.

1. Applicant Name: _____

2. What percentage of your written premium is (must total 100%):

Agent	_____ %	Wholesaler:	_____ %
Broker	_____ %	Business accepted from other agents:	_____ %
Managing General Agent:	_____ %	Reinsurance:	_____ %
Surplus Lines Broker	_____ %	Facultative:	_____ %
Reinsurance	_____ %	Treaty:	_____ %
Consultant (paid a fee)	_____ %	Retailer:	_____ %
Other (Specify)	_____ %	Business direct from Insureds:	_____ %

3. Number of sub-producers from whom the Applicant receives business: _____

4. How many sub-producers have been granted binding authority? _____

5. Lines of business for which sub-producers are granted authority: _____

6. What is the total Gross Written Premium generated from sub-producers? \$ _____

7. What checks and supervision does the Applicant exercise over producers? _____

8. Does the Applicant require proof of other agent's or agency's E&O coverage? Yes No

9. What is the minimum E&O limit required for sub-producers? _____

10. Does the contract between the Applicant and sub-producers include a hold-harmless agreement in your favor? Yes No

11. What fees have been generated in the last 12 months from:

Claims Adjusting: \$ _____ Insurance Consulting: \$ _____

Third Party Administrator: \$ _____ Risk Management Consulting: \$ _____

12. Functions you perform as Managing General Agent, Program Administrator, or agent with binding authority:

Quoting: Yes No Maximum limit of your authority: \$ _____

Underwriting: Yes No Maximum limit of your authority: \$ _____

Binding: Yes No Maximum limit of your authority: \$ _____

Policy issuance: Yes No Maximum limit of your authority: \$ _____

Claims adjusting: Yes No Maximum limit of your authority: \$ _____

Claims administration: Yes No Maximum limit of your authority: \$ _____
Specify: _____
Actuarial service: Yes No Maximum limit of your authority: \$ _____
Loss control: Yes No Maximum limit of your authority: \$ _____
Reinsurance placement: Yes No Maximum limit of your authority: \$ _____

(Please provide complete details on a separate sheet of any specialty programs you manage)

13. Does the Applicant have any discretion over terms, conditions and/or pricing for the programs that you manage? Yes No
If yes, attach explanation.

14. Does the Applicant have any discretion over the drafting and/or use of endorsements for any of these programs? Yes No
If yes, attach explanation.

15. How often an audit performed by the insurers the Applicant represents? _____

16. Estimate the amount of business the Applicant places with carriers that A.M. Best rated less than B+ or are not rated: _____

17. List and describe the circumstances behind all MGA/MGU and/or PA contracts have been terminated in the last 5 years:

Signature: _____ Date: ____ / ____ / ____

Name: _____ Title: _____
(Please Print)