



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

Agency Name:

---

---

---

1. Identify medical malpractice premium volume and number of accounts by class, written by agency:

<u>Class</u>	<u>Premium Volume</u>	<u>Number of Accounts</u>
Neurosurgeons	<hr/>	<hr/>
OB / GYN	<hr/>	<hr/>
Anesthesiologists	<hr/>	<hr/>
Hospitals	<hr/>	<hr/>
Nursing Homes	<hr/>	<hr/>
Rehab Centers	<hr/>	<hr/>
Emergency Medicine	<hr/>	<hr/>
Family Practice	<hr/>	<hr/>
Family Practice w/OB/GYN	<hr/>	<hr/>
Other (Specify):	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

2. Provide the following information for the top 3 carriers used for medical malpractice coverages.

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

3. Does the agency accept brokered medical malpractice business? ..... ☐ Yes ☐ No

4. Does the agency place medical malpractice business through a broker? ..... ☐ Yes ☐ No

If Yes, complete the following for the top 3 brokers used for medical malpractice business

<u>Broker/Agency</u>	<u>Premium Volume</u>	<u>Carrier</u>	<u>Years of Med. Malpractice Insurance Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Does the agency have any binding authority for medical malpractice related accounts? ..... ☐ Yes ☐ No

6. Does the agency have audited, written procedures for recommending and documenting a client's selection/rejection of medical malpractice limits, including excess coverage?..... ☐ Yes ☐ No

7. List agency staff who handle medical malpractice accounts along with experience.

<b>Name</b>	<b>Yrs. of Med Mal Experience</b>	<b>Position In Agency</b>
	<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"/> 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"/> 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"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)