



THIRD PARTY ADMINISTRATORS PROFESSIONAL LIABILITY APPLICATION

If this policy is issued, it will be on a claims made basis. The policy provides that the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of applicant: _____
 Address: _____

 Web address: _____

2. Applicant is a:
 Corporation Partnership Individual LLC

3. Year Established: _____

4. Is the applicant firm controlled by, owned by, or associated with, or does the applicant firm own or control any other firm corporation, or company?
 Yes No If YES, Please Attach Details.

5. Are any services of the applicant provided to such organizations described in Number 4. above?
 Yes No If YES, Please attach details.

6. Number of employed:
 Accountants: _____
 Actuaries: _____
 Claims administration personnel: _____
 Data processing personnel: _____
 Insurance agents/brokers: _____
 Other: _____

7. Limit of liability desired: \$500,000 \$1,000,000 \$2,000,000

8. Deductible desired: \$5,000 \$10,000 \$25,000
 \$50,000 \$100,000

9. Give approximate percentage of total business and corresponding revenues for each of the following operations:

OPERATION	PERCENTAGE	REVENUES
Providing Actuarial Services	%	\$
Administration of Health and Welfare Plans		
Single Employer Plans	%	\$
Multi-Employer Benefit Plans		
(Taft Hartley Trusts)	%	\$
Multiple Employer Welfare Arrangements (MEWAS)	%	\$
Multiple Employer Trusts (METS)	%	\$
Administration of Pension Plans	%	\$
Computer Services		
Electronic Data Processing	%	\$
Electronic Data Consulting	%	\$
Software Design, Development or Customization (Coverage is not provided for software design, development or customization)	%	\$
Employee Assistance Plans (EAP)		
Administrator	%	\$
Provider	%	\$
Providing Utilization Review Services	%	\$
Insurance Related Services		
Acting as an Insurance Agent or Broker	%	\$
Acting as an Advisor/Consultant	%	\$
Premium Collection and Billing	%	\$
Hold Underwriting Authority/Policy Issuance	%	\$
Providing Cost Containment Services	%	\$
Providing Case Management Services	%	\$
Providing Employee Wellness or Other Health Related Program Literature or Correspondence	%	\$
Acting as an Administrator for Credentialing Services	%	\$
Other Services		
Providing premium collection and billing services	%	\$
Benefit Enrollment Services	%	\$
Cost Containment Services	%	\$
Other:	%	\$
TOTAL (MUST EQUAL 100%)	100%	\$

10. Is the applicant engaged in any business or profession other than as that described in Question 9?
 Yes No If YES, Attach explanation.

11. List the total gross receipts for the past three years derived from those activities in Question 9.:

YEAR	AMOUNT
(a) Next Year Projected	\$ _____
(b) Current	\$ _____
(c) _____	\$ _____
(d) _____	\$ _____

12. Number of plan sponsors: _____

Number of participants for plans administered by the applicant: _____

Total annual contributions to the plans administered by the applicant: _____

Total annual benefit payments issued in the administration of all such plans: _____

Number of plan sponsors added and deleted in the past year:

Added _____ Deleted _____

Percentage of plans self funded with stop loss: _____ %

Percentage of plans self funded with no stop loss: _____ %

Percentage of plans fully insured: _____ %

List carriers that stop loss coverage is placed with: _____

13. Does the Applicant firm, its Partners, Directors, Officers or Employees act as Trustee for any Clients or Non Clients? Yes No

If Yes, please explain in detail: _____

14. Name and address of Law firms acting as counsel to the Applicant firm and nature of services provided: _____

15. Name and address of all firms providing accounting services to the Applicant and the nature of services provided: _____

16. Does your firm administer any self-funded Multiple-Employer Trusts (METS) or Multiple-Employer Welfare Arrangements (MEWAS)? Yes No

If yes, please provide details: _____

17. Does the applicant firm belong to professional association(s)? _____

18.	Name in full of ALL Partners Principals/Key Employees	Professional Qualifications	Date Qualified	How long in Practice	How long as Principal/Partner
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

19. Does the applicant have Professional Liability Errors and Omissions Insurance in force?
 Yes No If YES, Please provide the following:

Insurer: _____ Premium: _____
Limit of Liability: _____ Deductible: _____
Expiration Date: _____ Retroactive Date: _____

20. Does the applicant have a fidelity bond? Yes No
If YES, Please provide the following:

Insurer: _____ Premium: _____
Limit of Liability: _____ Deductible: _____
Expiration Date: _____ Retroactive Date: _____

21. Does the applicant have ERISA Fiduciary Liability Coverage? Yes No
If YES, Please provide the following:

Insurer: _____ Premium: _____
Limit of Liability: _____ Deductible: _____
Expiration Date: _____ Retroactive Date: _____

22. Describe how your firm screens and qualifies plan sponsors: _____

23. How does the firm comply with individual plan administration guidelines? _____

24. (a) What Percentage of Inquiries are referred to a Physician? _____ %
(b) What Percentage of Claims are denied? _____ %
(c) What Percentage of Denials are appealed? _____ %

25. How do you determine denial of benefits? _____

26. How are Claimants informed of denial of benefits? _____

27. What is the appeal process for the denial of claims? _____

28. What is the average error rate for your claims handlers? _____ %
29. Does the applicant firm use a written contract with clients?
 _____ Always _____ Sometimes _____ Never
30. Please list the Applicant firm's five largest clients during the past three (3) years, including: (a) the Client's Name, (b) Nature of Service(s) provided (type of plan administered), (c) number of lives, and (d) revenues from those services:

31. What percentage of the applicant firm's business involves subcontracting of work to others? _____ %
 What type of work? _____
32. A) Which of the following are functions of your firm's Electronic Data Processing system?
- | | |
|---|--|
| <input type="checkbox"/> Calculation of co-payments | <input type="checkbox"/> Independent Stop Loss Information |
| <input type="checkbox"/> Calculation of Deductibles | <input type="checkbox"/> Monthly Aggregate reports by case (claim or aggregate specific) |
| <input type="checkbox"/> Claim Eligibility | <input type="checkbox"/> Summaries by Policy Year |
| <input type="checkbox"/> Confidentiality Safeguards | <input type="checkbox"/> Telephone Tracking Systems |
| <input type="checkbox"/> Enrollment Information | <input type="checkbox"/> Number of Callbacks Due to System Failure |
| <input type="checkbox"/> Monitoring of Duplicate Claims | <input type="checkbox"/> Total Number of Calls Received |
| <input type="checkbox"/> Managing Reports | <input type="checkbox"/> Turn Around Time |
| <input type="checkbox"/> Appeal Tracking | <input type="checkbox"/> Time Service |
| <input type="checkbox"/> Adjustors accuracy | <input type="checkbox"/> Types of Losses |
| <input type="checkbox"/> Check Registers (weekly and monthly) | <input type="checkbox"/> Cost Containment and Expense control |
| <input type="checkbox"/> Details on Large Claims | <input type="checkbox"/> Audit Results |
| <input type="checkbox"/> Detailed Payment Registers/ Analysis | <input type="checkbox"/> Productivity Reports |

- B) Does your system contain check and balances to guard against the following:
- | | |
|--|---|
| <input type="checkbox"/> Overpayment | <input type="checkbox"/> Improper refusal of benefits |
| <input type="checkbox"/> Underpayment | <input type="checkbox"/> Unfair/unjust enrichments |
| <input type="checkbox"/> Late Payments | <input type="checkbox"/> Failure to follow payment guidelines or procedures |
| <input type="checkbox"/> Payments to wrong party | |
| <input type="checkbox"/> Payments to wrong fund | |
| <input type="checkbox"/> Payments of noncovered expenses | |

33. How often does your organization do an internal audit? _____

34. What situations are the audit guidelines designed to reveal? _____

35. Has the applicant firm or any of the individuals listed in Question 18 ever been the subject of disciplinary action by authorities as a result of any professional Activities?

Yes No If YES, Please explain. _____

36. Does the proposed insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?

Yes No If YES, Please attach a fully completed supplemental claims form.

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR ACTION ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

37. For any and all claims made against any proposed insured during the past 5 years, please attach the supplemental claims form. If none, please check here: None.

38. Please attach the following information to the application:

- Resumes of key personnel
- Marketing brochures
- Most recent audited financial statements

WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED. THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE

IN SOME STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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. IN NEW YORK, A PERSON WHO COMMITS SUCH CRIME SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature: _____

Title: _____

Date: _____

Producer: _____

Address: _____

IF A POLICY IS ISSUED THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.