



**SUPPLEMENTAL
MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
Agent/Broker**

Van Wagoner Companies
1134 Commerce
Richardson, TX 75081
Phone: 972-331-6566
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Website: www.vwc.com



(Claims First Made & Reported)

Name of Applicant: _____

1a. Does the agency or any of its principals own, control or act as director or officer of any other insurer, reinsurer or other insurance-related entity? (If yes, then answer question 1b)... YES NO

b. What percentage of total income comes from:

Insurance _____%	Annuities _____%
Premium Financing _____%	Fixed _____%
Real Estate _____%	Variable _____%
Mutual Funds _____%	Other _____%
Life, Health and/or Accident (including group insurance) _____%	

2a. Percentage of policies written on a direct bill basis: _____%

b. Commercial Lines _____%
Personal Lines _____%
Total **100%**

c. What percentage of agency business is placed with:

Admitted Carrier _____%	Non-Admitted Carrier _____%
Service Centers _____%	State administered funds _____%

Last 12 Months

3a. Total P&C gross premiums written annually: \$ _____
b. Total gross annual P&C commissions: \$ _____
c. Total gross annual Life and A&H commissions: \$ _____
d. Total income derived from any other insurance related activities (total from question 4) \$ _____

4. What fees have been generated in the last 12 months from operations listed below:

	Delete	Add	N/A	Revenue/ Income		Delete	Add	N/A	Revenue/ Income
Reinsurance Intermediary					Actuarial Services				
Third Party Administrator					Tax Adviser				
Claim Adjustment Services					Risk Management/Loss Control				
Investment, Securities Advisor					Motor Vehicle Title Services				
Banking or Loan Origination					Title Insurance				
Pre-paid Legal Services					Mortgage/Mortgage Service Facility				
Human Resources					Real Estate				
Legal Adviser					Data Processing Consulting				
Mutual Funds Brokers/Dealers					Securities Brokers/Dealers				
Counseling (Insurance Programs)					Engineering				
Other					Other				

5a. List all companies for which you are Managing General Agent or Program Administrator or have binding authority:

Company	Lines of Insurance	Number of Years	Premium Volume (\$\$)	Loss Ratio Last 3 Years			AM Best Rating
				%	%	%	
				%	%	%	
				%	%	%	
				%	%	%	

b. List all companies for which business is placed with?

Company	Lines of Insurance	Number of Years	Premium Volume (\$\$)	Loss Ratio Last 3 Years			AM Best Rating
				%	%	%	
				%	%	%	
				%	%	%	
				%	%	%	

6. Property & Casualty business placed as:
Agent (business placed direct with carriers)

Managing General Agent	_____ %
Surplus Lines Broker	_____ %
Reinsurance Intermediary	_____ %
Broker (not placing direct with a carrier or placing business on behalf of another agent or broker)	_____ %
Total	100%

7. Number of Personnel:
(Each individual should only be counted once)

Owners, Officers, Partners	_____
Employee Solicitors, Brokers, Agents	_____
Other Employees (include clerical and part-time)	_____
Exclusive Non-employee Producers	_____
Non-exclusive Non-employee Producers	_____
Total	100%

8. What percentage of your agency comes from wholesale or surplus lines? _____

9. Please list the **SURPLUS LINES AGENTS, MGAs and other agents (not companies)** with whom you currently write business. Please include the most recent annual premium volume written in each.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. _____ \$ _____
7. _____ \$ _____
8. _____ \$ _____
9. _____ \$ _____
10. _____ \$ _____
11. _____ \$ _____
12. _____ \$ _____
13. _____ \$ _____
14. _____ \$ _____
15. _____ \$ _____

16.	_____	\$	_____
17.	_____	\$	_____
18.	_____	\$	_____
19.	_____	\$	_____
20.	_____	\$	_____
	Total:	\$	_____

% of the above total written in non-admitted companies: _____%

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.

Date	Authorized Representative	Title
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