

Zain Jeewanjee Insurance Agency

6155 Almaden Expy, # 310

San Jose, CA 95120

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**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: _____

2 Applicant is a, _____ Corporation _____ Partnership, _____ Individual

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 Amount of liability desired: \$500,000 \$1,000,000 \$2,000,000
 \$3,000,000 \$4,000,000 \$5,000,000

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 Plan (MEWAS)		
Single Employer Plans	%	\$
Multi-Employer Benefit Plan (raft Hartley Trusts)	%	\$
Multiple Employer Welfare Arrangements	%	\$
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 Programs		
Administrator	%	\$
Provider	%	\$
Providing Utilization Review Services	%	\$
Insurance Related Services (Coverage is not provided for insurance related services)	%	\$
Providing Cost Containment Services	%	\$
Providing Case Management Services	%	\$
Providing Employee Wellness or Other Health Related Program Literature or Correspondence	%	\$
Acting as Administrator for Credentialing 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. 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: _____

12. If your firm administers any self-funded Multiple-Employer Trusts (METs) or Multiple-Employer Welfare Arrangements (MEWAS), Please attach details.

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

14. 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: _____

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

Insurer, _____ Limit, of Liability _____

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

Insurer. _____ Limit of Liability- _____

17. Describe how your firm screens and qualifies plan sponsors? _____

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

19. How do you determine denial of benefits?

20. Does the applicant firm use a written contract with clients?
_____ Always _____ Sometimes _____ Never

21. What percentage of the applicant firm's business involves subcontracting of work to others? _____%

What type of work?

22. Has the applicant firm or any of the individuals listed in Question #17 ever been the subject of disciplinary action by, authorities as a result of any professional Activities?

Yes No If YES, Please explain,

23. 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.

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.

24. 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