

Westport Insurance Corporation

5200 Metcalf • P.O. Box 2991 • Overland Park KS 66201-1391
913.676.5200

UMBRELLA PROFESSIONAL LIABILITY SUPPLEMENT

Applicant: _____

NOTE: COMPLETE QUESTION ONLY IF NOT ASKED ON PRIMARY E&O OR UMBRELLA POLICY APPLICATIONS (if not answered, indicate by "n/a")

1. a. Total P&C **gross premiums** written in last 12 months \$ _____

b. Total annual Life and A&H **gross commissions** written in last 12 months \$ _____

2. What percent of licensed staff agency have experience of: Less than 3 years: _____ %
3 - 5 years: _____ %
More than 5 years: _____ %

3. Type and percentage of higher hazard lines placed in last 12 months:

Commercial Lines (% of Total P&C Premiums)	%		Commercial Lines (% of Total P&C Premiums)	%
Aviation	%		Long-Haul Trucking	%
Bonds	%		Medical Malpractice	%
Crop	%		Professional Liability Non-Medical	%
Flood	%		Wet Marine	%
Livestock Mortality	%		Workers Compensation	%

4. Does the agency have locations located outside of the USA, its territories or Canada? Yes No

If yes, how many additional locations? _____ **If yes**, list addresses in 10. below.

5. Percentage of **Property & Casualty** business placed?

(1) Direct with Carriers _____ %

(2) Through Brokers (*including Surplus Lines*) _____ %

(3) Through MGA's _____ %

(4) Through Retail Agencies _____ %

(5) Through Other Insurance Intermediaries _____ %

(Describe) _____

(6) As a Broker* (*including Surplus Lines*) _____ %

(7) As a MGA* _____ %

* Are E&O Certificates of Insurance required from sub-producers? Yes No

TOTAL 100 %

6. In the past five years, has the agency placed coverage for any Petroleum exploration or extraction operations? Yes No

If yes, number of accounts: _____ Annual Premium: \$ _____

7. In the past five years, has the agency placed coverage for Hazardous Waste removal, storage, or treatment operations? Yes No

If yes, number of accounts: _____ Annual Premium: \$ _____

8. In the past five years, has the agency placed coverage for or been involved with:

	Yes	No	Annual Premium	
Captive Management Services	<input type="checkbox"/>	<input type="checkbox"/>		For each "Yes" response, provide full details on the facility names, the relationship with the agency, any services or administrative duties provided by the agency, and insurance coverages provided in 10. below. Include any promotional literature.
Reinsurance	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Insured Captives or Funds	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Retention Groups (RRG)	<input type="checkbox"/>	<input type="checkbox"/>		
Multiple Employer Trusts (MET)	<input type="checkbox"/>	<input type="checkbox"/>		
Multiple Employer Welfare Arrangements (MEWA)	<input type="checkbox"/>	<input type="checkbox"/>		

9. Does the agency perform any of the following activities?

	Yes	No	Revenue
Safety Consultant (if Yes , attach a copy of Safety Consulting contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third-Party Administrator (if Yes , attach a copy of TPA contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$

10. Additional Information:

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)

The applicant understands and agrees that this supplement forms a part of the Umbrella application and that she or he is obligated to report any changes in the information provided in this supplement which occur after the date of the supplement.