

**Supplemental Application B.  
(1) Managing General Agency (MGA) Activities**

Name of Applicant: \_\_\_\_\_

1. Name of Insurance Company(ies) with which there is an MGA agreement and number of years the applicant has represented each company:

\_\_\_\_\_

Name of Carrier	Type of Coverage	Insurance Carrier	Annual Premium Volume	# Year Relationship
_____	_____	_____	\$ _____	# _____
_____	_____	_____	\$ _____	# _____
_____	_____	_____	\$ _____	# _____

2. Approximate premium volume of MGA business:..... \$ \_\_\_\_\_

3. Number of agents/brokers placing business through the applicant's MGA programs:..... # \_\_\_\_\_

4. Is there a written agreement with the agent/broker who place business through the applicant?.....  Yes  No

\* If yes, attach a copy of the agreement to this application.

5. A. Number of employees assigned to the applicant's MGA business activities:..... # \_\_\_\_\_

B. Attach name and qualifications of the key professional staff members responsible for MGA business activities to this application.

6. Has an insurance company modified the applicant's MGA authority since the agreements were signed?.....  Yes\*  No

\* If yes, attach details to this application.

**Supplemental Application B (2)  
Applicant Business Placed:  
1. Direct With Surplus Lines Carriers  
2. Through Wholesaler Brokers / Managing General Agents (MGA's)  
3. PEO (Professional Employer Organization) Referrals**

Name of Applicant: \_\_\_\_\_

1. List the name(s) of the surplus lines carriers (if placed direct with), wholesale brokers and/or MGA's:

Name of Carrier/Wholesaler/MGA	Type of Coverage	Insurance Carrier	Annual Premium Volume	# Year Relationship
_____	_____	_____	\$ _____	# _____
_____	_____	_____	\$ _____	# _____
_____	_____	_____	\$ _____	# _____

2. Does the applicant require proof of insurance agents errors and omissions insurance coverage from these entities?  Yes  No

3. Do you only conduct business with PEO's in the states where you have a P&C license?.....  Yes  No

If Yes, please indicate the state(s): \_\_\_\_\_

4. List the name(s) of the Professional Employer Organization(s) (PEO) that you refer or actively sell to your clients:

\_\_\_\_\_

5. Are these PEO(s) indicated in question 4, licensed, certified, or authorized to do business in the state?.....  Yes  No

6. Describe the nature of the business relationship or services provided on behalf of these PEO's:

\_\_\_\_\_

7. Does your agency sell Human Resources services or products including the sale of Human Resources software?.....  Yes  No