

# P&C Agents Professional Liability Supplemental Application for Agents Placing Business With Non-Admitted Carriers



Return Applications To:

**Rockwood Programs, Inc.**

4001 Miller Road, Wilmington, DE 19802-1999  
 Tel: (877) 242-2487 Fax: (302) 762-4200  
 www.rockwoodinsurance.com

This supplemental form is to be completed by those applicants placing business on a non-admitted basis. Please be sure to answer **all** questions. Failure to do so may delay processing or result in the submission's declination

1. Applicant's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Show Applicant's five largest carriers written on a non-admitted basis and the amount of business placed with each:

Insurance Company	Current Best Insurance Rating	Percent Volume Placed
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

3. Complete this section only if **any** business placed is written on a non-admitted basis:

- a. Is the applicant responsible for completing surplus lines filings and remitting applicable taxes and fees to the appropriate regulatory authorities?.....  Yes  No
- b. If the answer to "a" above is "No", does the applicant receive confirmation that all filings have been completed? .....  Yes  No
- c. Does the applicant attempt to place coverage in a standard market before accessing a non-admitted product? .....  Yes  No  
*If "Yes", does the applicant maintain a record of the standard markets approached as well as reason for declination? .....  Yes  No*
- d. Does the applicant explain the differences between admitted and non-admitted coverages to the insured prior to binding coverage on a surplus lines basis? .....  Yes  No

Typed or Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_