

# ROCKWOOD MGA SUPPLEMENTAL APPLICATION



1. Applicant Name: \_\_\_\_\_

2. List ALL carriers for whom you are an MGA, MGU or Program Administrator:

Carrier	Line(s) of Insurance	Number of Years	Annual Gross Written Premium	Loss Ratio for Last 3 Years		
				Current	Last	Prior
			\$	%	%	%
			\$	%	%	%
			\$	%	%	%
			\$	%	%	%

3. Please describe any industries in which you specialize: \_\_\_\_\_

4. Please indicate the:

- (a) Number of policies issued annually: \_\_\_\_\_
- (b) Maximum Limits of Liability you are able to issue, by line(s) of business: \$ \_\_\_\_\_
- (c) Number of producers from whom you accept business: \_\_\_\_\_
- (d) Number of producers/agents with binding authority: \_\_\_\_\_
- (e) Number of audits performed by carrier(s) annually: \_\_\_\_\_

5. Please indicate all functions the Applicant is providing an MGA, MGU and/or Program Administrator:

Function	Provided?	Maximum Authority
Underwriting	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Quoting Binding	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Claims	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Reinsurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Other (describe): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____

6. List and describe the circumstances behind all insurance carriers with whom MGA/MGU and/or Program Administrator contracts have been terminated in the last 5 years:

7. Does the Applicant have a specific orientation program/office manual review for all new employees? Yes  No

8. Does the Applicant have underwriting, binding and issuance authority, guidelines and all other related policies and procedures documented to ensure compliance? Yes  No

It is hereby understood and agreed this Managing General Agent/Underwriter Supplemental Application, and required attachment(s) becomes part of and is deemed attached to the ROCKWOOD APPLICATION.

Signature of Applicant \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_