



Hartford Financial Products

THIRD PARTY ADMINISTRATORS SUPPLEMENTAL APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

1. Name of Applicant: _____

2. Explain predecessor firms (mergers, acquisitions, name changes) for last six years:

3. Give approximate percentages of all operations engaged in:

Administration of health & welfare plans	_____ %
Administration of pension plans	_____ %
Computer Services	_____ %
Insurance Services	_____ %
Consultant Services	_____ %
Actuarial Services	_____ %
Data Processing	_____ %
Other (Please Specify)	_____ %
_____	_____ %
Total	100 %

4. What types of clients does your firm serve? Give approximate percentage of revenues.

_____ Taft-Hartley	_____ %
_____ Corporate Plans	_____ %
_____ Multiple employer trusts	_____ %
_____ Public/Government plans	_____ %
_____ Single employer plans	_____ %
_____ Multi-employer plans	_____ %
_____ Health and welfare plans	_____ %
_____ Pension and/or profit sharing plan	_____ %
_____ Other _____	_____ %
Total	100 %

5. a) Number of accounts: _____
- b) Number of participants for plans administered by the firm: _____
- c) Total annual contributions to the plans administered by the firm: _____
- d) Total annual benefit payments issued in the administration of all plans: _____

6. Does the firm, its partners, directors, officers or employees act as Trustee for any clients or non-clients? Yes No If yes, please explain in detail:

7. Is 50% or more of your firm's income derived from providing contract administration services? Yes No

8. Does your firm administer any self-funding multiple employer trusts (METs)? Yes No If yes, please explain in detail on separate sheet.

9. a) Name and address of law firms acting as counsel to the firm:

b) Name and address of firm employed as accountants:

10. a) Describe measures the firm has instituted to assure that the various client plan comply with ERISA:

b) To what extent do you or your clients make use of outside attorneys, accountants, actuaries, CPAs or others in order to comply with ERISA?

11. Have any persons named herein, and for whom coverage is being sought, ever been the subject of reprimand or criminal actions by authorities as a result of their professional activities? Yes No If yes, attach explanation.

NOTE: Answer questions 12 through 13 only after inquiry of each member of the firm.

12. Have any professional liability claims ever been made against the applicant any proposed Insured? Yes No

13. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or his predecessors in business? Yes No

NOTE: If yes to 12 or 13, please complete a supplemental claim form for each claim.

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

Name: _____

Title: _____

Signature: _____

Date: _____