



St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota

Complete this Supplement if Claim Administration, Plan Administration, or Benefit Administration are indicated in question 20 of the Miscellaneous Errors and Omissions Application, (form 58530). Also, be sure to include all attachments indicated in question 16 of this supplement.

1. Full Name of Applicant _____

2. Applicant's gross revenues generated from all Plan Administration activities:

	Year	Revenue
Current Year		
Past Year		
Next Year Projected		

STAFFING INFORMATION

3. a. Number of claim adjusters: _____
 b. Number of support staff: _____
 c. Ratio of claim supervisor to claim handlers: _____
 d. Average number of assignments per month per handler: _____
 e. Average number of pending claims per handler: _____

4. Please provide the following with regard to all professional staff involved in Plan Administration:

Name	Qualifications	Years Plan Administration Experience

PLAN INFORMATION

5. Complete the following for each plan the applicant administers (*attach a separate sheet if necessary*):

Plan Name	Plan Sponsor	Years Administered	Type of Plan(s)	Services Provided*	Plan is:	Plan Audited By:	No. of Audits Per Year
					a. Self-Funded With Stop-Loss b. Self-Funded Without Stop-Loss c. Fully Insured	a. Applicant b. Plan Sponsor c. Outside Firm	

*Indicate the services provided by the applicant for each plan by noting the corresponding letter(s) shown below in the Services Provided column above:

- | | | | |
|----------------------------------|--------------------------------|------------------------------------|----------------|
| a. Claims adjusting | e. Web-site design/maintenance | i. Insurance placement (stop-loss) | m. Other _____ |
| b. Employee enrollment/education | f. Utilization reviews | j. Plan funding/actuarial | n. Other _____ |
| c. Plan design | g. Peer reviews | k. Cost containment services | |
| d. Software development | h. Credentialing | l. Loss control/risk management | |

APPLICANT SERVICES

6. Is the applicant involved in the formation, management, or administration of any HMO, PPO, RRG, RPG or other similar entity? *If yes, please provide details below:*..... Yes No

7. Is the applicant responsible for managing funds associated with the plans administered? Yes No
If yes, please provide details below:

a. Is there a procedure in place for reconciling these funds? Yes No
8. Does the applicant firm, its partners, directors, officers or employees act as a trustee for any client? Yes No
If yes, please provide details below:

POLICIES AND PROCEDURES

9. Has the applicant developed a policy or procedure manual to assist in complying with individual plan administration guidelines? Yes No

10. Describe the applicant's procedure for denying benefits or coverage:

11. Describe the applicant's authority for the payment of claims:

12. Describe the applicant's procedure for handling client or insured complaints:

13. Describe how the applicant keeps informed of changing legal requirements reliant to the plans administered:

OTHER INSURANCE

14. Does the applicant maintain:
a. Directors, officers and trustees liability insurance? Yes No
b. A fidelity bond? Yes No
c. Fiduciary liability coverage? Yes No

15. During the past five years, have any claims been made against any of the above policies? Yes No
If yes, please complete the Claims supplement at www.hallco.net/applications.

ATTACHMENTS

16. Attach the following for each plan administered:

- Contractual Agreement
- Service Agreement
- Marketing Brochures
- Certificates of Insurance for current Fiduciary, Fidelity, and D&O Policies
- Claim Account Flowchart
- Résumés of Key Personnel Involved in Plan Administration

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

Signature (Partner, Member, Officer, Shareholder)	Date

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign, and mail or fax a copy of the completed application to Hall & Company at the address or fax number below. (A signed application is needed to complete underwriting.)
3. Submit this completed electronic application to Hall & Company.
When you press the Submit button an e-mail window will open with the application attached.
Please attach to this e-mail the information listed in Question 16.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to submittals@hallco.net.

**Michael J Hall & Company 19660 10th Ave. NE Poulsbo, WA 98370
Ph: (360) 598-3700 Fax: (360) 697-3744 Website: www.hallco.net**