



## THIRD PARTY ADMINISTRATOR SUPPLEMENTAL APPLICATION

### I. INSTRUCTIONS

1. **Complete in addition to the Richmond National Miscellaneous Professional Liability Application.**
2. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
3. If a question does not apply, write "N/A".
4. As part of the Supplement attach the following:
  - a. Copies of professional licenses and/or accreditations
  - b. Resumes of all active owners and key employees
  - c. Written contracts used

### II. GENERAL INFORMATION

Applicant Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

### III. PROFESSIONAL SERVICES

1. Does the Applicant provide TPA services for:
 

a. Accident & Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Property & Casualty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Workers Compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Pension and/or Retirement Plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  
2. Check which professional services you provide for clients and the percentage of total services provided:

	PROFESSIONAL SERVICES	CURRENT YEAR (PROJECTED)
<input type="checkbox"/>	Benefit Administrator	%
<input type="checkbox"/>	Claims Administration	%
<input type="checkbox"/>	Investment Management of Plan Funds	%
<input type="checkbox"/>	Placement of Reinsurance/ Stop-Loss Coverage	%
<input type="checkbox"/>	Administration of COBRA Benefits	%
<input type="checkbox"/>	Actuarial Services	%
<input type="checkbox"/>	Marketing of Plans	%
<input type="checkbox"/>	Benefit Plan Design	%
<input type="checkbox"/>	Utilization Review	%
<input type="checkbox"/>	Other (Specify)	%
		100% TOTAL

3. Provide the number of:

- a. Accounts the Applicant provides services for: \_\_\_\_\_
- b. Plans the Applicant administers: \_\_\_\_\_
- c. Participants in the plans the Applicant administers: \_\_\_\_\_

4. Provide the number of employees by job classification:

Actuaries:	_____	Certified Public Accountants:	_____
Data Processing Personnel:	_____	Financial Planners:	_____
Lawyers:	_____	Insurance Agents/Brokers:	_____
Investment Managers:	_____	Nurses:	_____
Licensed Physicians:	_____	Other:	_____
Claims Administration Personnel:	_____		

5. Is the Applicant ever responsible for issuance of checks for payments of claims/benefits?  Yes  No

If yes, provide the amount of the Applicant's draft authority: \$\_\_\_\_\_

Describe the procedures by the Applicant to ensure the plans administered comply with ERISA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Does your firm administer any self-funded Multiple Employer Trusts (METs) or Multiple-Employer Welfare Arrangements (MEWAS)  Yes  No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

7. Does the Applicant or any or any its principals or employees retain ownership interest in and/or act as a partner, director, officer, or trustee for any clients or any plans?  Yes  No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

8. Do you perform any other activities or services not previously referenced above for which coverage is desired?  Yes  No

If yes, please provide full details: \_\_\_\_\_  
 \_\_\_\_\_

**IV. FRAUD WARNINGS**

**General Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable Notice to Applicants in:**

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia:</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

<b>Oklahoma</b>	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**THIS THIRD-PARTY ADMINISTRATORS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE RICHMOND NATIONAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the Applicant:</b>		<b>Date:</b>
<b>Print name and title of person authorized on behalf of the Applicant:</b>		
<b>Agent/Broker Name:</b>		