



**Insurance Agents and Brokers  
Errors and Omissions Insurance**

Utica National Insurance Group ▪ New Hartford, New York 13413 ▪ USA ▪ [www.uticanational.com](http://www.uticanational.com) ▪ 1-800-598-8422

**Third Party Administrator (TPA) Application**

Agency/named insured: \_\_\_\_\_ Policy number: \_\_\_\_\_

If additional space is required to respond to any questions please use a separate sheet of paper and reference the question number.

1. Do you place reinsurance in your role as a TPA?  Yes  No  
If yes, refer to your underwriter for eligibility.

2. Name of legal entity and any d/b/a under which TPA services are conducted, if different from named insured.

3. Please confirm ownership of the TPA entity. List all names of owners and percentage of ownership.

Owners:	% of ownership
_____	_____%
_____	_____%
_____	_____%
_____	_____%

4. a. Advise all lines of business that this entity is a TPA for: \_\_\_\_\_  
b. Please describe your services and fees.

c. Do you charge for the various services?  Yes  No  
If yes, what is your annual income from these services? \$ \_\_\_\_\_

5. Do you have a financial interest in any other business connected or affiliated with the TPA services?  Yes  No  
If yes, list names of entities, relationship/reason for affiliation with TPA services:

Do you have any ownership interest or act as a partner, director, officer or trustee for any clients or any plans?  Yes  No

6. Has the TPA had continuous coverage in place?  Yes  No  
If no, please explain.

7. How many clients do you provide TPA services to? \_\_\_\_\_

8. Are 100% of these clients also clients of your insurance agency operations?  Yes  No  
If no, what percent is not insurance operations clients?

9. Do you require a written contract with the client to perform TPA services?  Yes  No  
If yes, attach a sample copy. If no, please explain.

10. Please identify by name the persons that are involved in TPA activities. Attach a separate sheet if necessary. Include years with your operation and overall years of TPA experience.

Name	List licenses held	Memberships held related to TPA activity	Years w/ operation	Years Experience
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Who oversees the TPA operations? Please attach copy of his/her resume.

12. Do you use software to manage the TPA operations?  Yes  No  
 If yes, was the software developed by:  You  Others  
 Who maintains the software?  You  Others  
 If no, please describe how you manage information and documentation.

13. Do clients have access to their information through your website?  Yes  No  
 If yes:  
 a. Is it protected by a password?  Yes  No  
 b. What information do they have access to? \_\_\_\_\_  
 c. Can they make changes or requests on-line?  Yes  No  
 If yes, who monitors the on-line requests and what is the average turnaround time?

14. Please describe your record retention program for enrollment cards, billing files and backup systems.

15. Do you handle clients' money?  Yes  No  
 If yes:  
 a. Please describe how it is managed and safeguarded. Include details on any checks, balances and authorization protocols.  
 b. Do you carry a fidelity bond?  Yes  No  
 If yes:  
 i. Who is the carrier? \_\_\_\_\_  
 ii. Dollar amount of fidelity bond: \$\_\_\_\_\_  
 iii. Have there been any fidelity bond claims in the last 5 years.  Yes  No  
 If no, please explain.  
 c. Do you require employee bonding?  Yes  No

16. Describe or attach your procedure for adding, deleting, and changing plan participants and their benefits.

17. a. If you are doing claim administration, how long do you maintain records?

b. Have you ever been audited for accuracy or security?

Yes  No

If yes, were there any recommendations made and were they complied with?

Yes  No

18. Describe your procedure for auditing and/or negotiating provider bills.

19. Do you have authority to deny claims?

Yes  No

If yes, what is the appeal process?

20. Are you involved in providing COBRA or ERISA related services?

Yes  No

If yes, what are your activities?

21. Has any carrier terminated their relationship with you as a TPA in the last 5 years?

Yes  No

If yes, please explain.

22. Has this entity or any principles ever been adjudged bankrupt?

Yes  No

23. Please describe your process for keeping informed of changing legal requirements.

24. Who is responsible for implementation of changes?

25. How do you inform clients of these changes?

26. List your 5 largest TPA accounts:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Please provide the following attachments:**

- Marketing proposal
- Marketing brochure or any sale literature
- Service agreement
- Sample billing
- Sample plan document

**Please acknowledge the following:**

I have read the TPA endorsement (14-E-0075) for which we are applying. I understand that there are additional exclusions on the TPA endorsement that are not part of the E&O policy and that adding the TPA endorsement does not change the E&O policy other than as indicated on the TPA endorsement. In the event of a claim arising from TPA activities, all terms, conditions and exclusions of the E&O policy will apply. I have read the entire E&O policy, specifically exclusions 9, 15 & 16 and understand that these exclusions will remain. I understand that the TPA endorsement has limits of liability that are in lieu of, not in addition to, the limits of liability on the E&O policy. I understand that the deductible on the E&O policy will apply to covered claims arising from the TPA activity.

**FRAUD WARNINGS**

**FOR APPLICANTS IN THE FOLLOWING STATES:**

**COLORADO** – 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA** – 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.

**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.

**KANSAS** – Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**KENTUCKY and PENNSYLVANIA** – 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 and subjects such person to civil and criminal penalties.

**MARYLAND** – 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.

**OHIO** – Any person who, with intent to defraud or knowing that he/she 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.

**OKLAHOMA** – 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.

**OREGON** – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act.

**PUERTO RICO** – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**FOR APPLICANTS IN ALL OTHER STATES EXCEPT NEW YORK:**

Any person who knowingly presents a false claim 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, and denial of insurance benefits.

**FOR APPLICANTS IN NEW YORK** – 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.

**This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.**

Applicant signature(s): \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Required in Iowa:* Soliciting agent: \_\_\_\_\_ License number: \_\_\_\_\_

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this supplemental application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed attached to and part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.



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