# RPS
**PLUS COMPANIES**

# TPA / Claims Administrators Supplement

## Applicant information

Full name of applicant

1. Please advise the percentage of gross annual premium derived from the following

| TPA | Claims administration | Claims Adjustment |
|---|---|---|
| % | % | % |

2. What lines of insurance do these professional services involve and for which insurance carriers?

Lines          Carrier

3. Does the firm have Draft Authority?    ☐ Yes   ☐ No

  (a) If yes, advise the amount of first party authority     (b) Third party authority

  $          $

  (c) Is the authority defined in writing?    ☐ Yes   ☐ No

  (d) If no, please explain

4. Describe your procedures for making payments on claim files

5. Are you required to alert the carrier in writing of all policy limit demands or demands beyond your authority?    ☐ Yes   ☐ No

  If no, please explain

6. How often do the carriers conduct audits?

| Yearly | Semi Annual | Quarterly | Other |
|---|---|---|---|

  (a) Have there been any restrictions to your authority as a result of audits?    ☐ Yes   ☐ No

  (b) If yes, provide complete details

7. What is the average caseload per claims handler on an annual basis?

  Number of claims/handlers?

  (a) How is the caseload monitored and managed?

8.  Does the firm have HIPAA compliance policies and procedures?  ☐ Yes  ☐ No
    (a) Provide a copy of the procedures. If no, provide explanation.

9.  How does the firm protect confidential information?

10. Does the firm follow Best Claim Handling Guidelines?  ☐ Yes  ☐ No
    If yes, have they been provided by the particular insurance carriers, or are they internal guidelines?
    Please describe the above, or provide copies of guidelines.

    If no, please explain

## Signatures

I understand information submitted herein becomes a part of my Insurance Agents & Brokers Errors and Omissions Application and is subject to the same representation and conditions.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.

Applicant's name*                          Title

Applicant's signature                      Date