SOUTHERN SPECIALTY UNDERWRITERS, LLC.
5444 Riverside Drive
Macon, GA 31210
Phone: 478 757 7111 Fax: 478 474 9604

Personal Lines Insurance Agents Professional Liability

LIFE/ACCIDENT/HEALTH AGENTS SUPPLEMENTAL APPLICATION

Name of applicant: _____ Date: _____

1. Life/Accident/Health lines:
   - Life, individual . . . . . $ _____
   - Life, group . . . . . $ _____
   - Accident, disability & health, individual . . . . . $ _____
   - Accident, disability & health, group . . . . . $ _____
   - Total life/Accident/Health lines premium . . . . . $ _____
   - Total life/Accident/Health lines commission . . . . . $ _____
2. How many times in the past 12 months have you replaced an existing life insurance policy with a new policy? _____
   Why were these policies replaced? _____
3. If you place or service any group life, accident or health insurance, what is the largest plan (based on the number of participants) that you handle? _____
4. Is the applicant involved in the ownership, formulation, creation, administration or operation of any self-insurance fund or program, Multiple Employer Trust, Multiple Employer Welfare Arrangement, pool, syndicate, association or other combination formed for the purpose of providing insurance or benefits when they are not fully funded by an insurance product? ❑Yes ❑No
   If "Yes," please provide details. _____
   _____

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION FOR CLAIMS-MADE INSURANCE. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE GENERAL APPLICATION.

Signature: _____ Date: _____

(Principal, Partner, or Officer of the firm)