



Insurance Professionals Liability Coverage
Life, Health And Accident Insurance Agents Or Brokers
Sub-Agent/Independent Contractor/Non-Employee
Producer Supplement

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU PLACE BUSINESS FOR OR DERIVE REVENUE FROM SUB-AGENTS,
INDEPENDENT CONTRACTORS OR NON-EMPLOYEE PRODUCERS.

Applicant Name | Policy Number

- 1. Indicate the number of sub-agents, brokers, independent contractors or non-employee producers that place business through your agency during the past 12 months.
2. Are your sub-agents, brokers, independent contractors or non-employee producers compensated by you or are they paid commissions directly from your carriers?
3. For business placed through your agency, Indicate the total sub-agent, broker, independent contractor or non-employee producer annual compensation:
4. For your sub-produced business indicate:
5. Do you or your insurance carriers require your non-employee producers, sub-agents / brokers have an professional liability insurance policy of their own?
6. Do you or your insurance carriers obtain evidence each year that all your sub-agents / brokers carry professional liability insurance coverage?
7. Do you provide periodic training sessions and/or educational seminars to your non-employee producers, independent contractors or sub-producers relevant to product information, client services and risk management?
8. Furnish a brief narrative description of the services and training your firm provides to non-employee producers.

## **Fraud Warnings**

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### **Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Attention: Insureds in 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.

### **Attention: Insureds in 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.

### **Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania**

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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

### **Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington**

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.

### **Attention: Insureds in Oregon**

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 may be guilty of a crime and may be subject to fines and confinement in prison.

### **Attention: Insureds in Puerto Rico**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Signature**

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I acknowledge that this document is to be read in conjunction with the main Travelers 1<sup>st</sup> Choice+ Insurance Professionals Liability Coverage Life, Health and Accident Insurance Agents or Brokers Professional Liability Insurance Claims Made Application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the main application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

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Signature  
(Partner, Member, Officer, Proprietor)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please send completed forms to Mercer Consumer, a service of Mercer Health & Benefits Administration LLC,  
P.O. Box 310179 Des Moines, IA 50331-0179, Telephone: 888-424-2310, Fax: 515-365-0494**