

**CRIME PROTECTION PLUS  
THIRD PARTY ADMINISTRATOR SUPPLEMENT**

*This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application*

Name of Applicant:

1. Do your clients audit your services? Yes    No  
 If yes:
  - a. How is the audit performed?
  - b. How frequently?
  
2. Describe the services you provides for your clients:  
 Premium Collection                      Claim Processing                      Other: (describe)
  
3. If you collect funds for clients, please indicate the following:
  - a. Maximum amount / client / month:    \$
  - b. Average amount / client / month:    \$
  
4. How often do you remit premium collections to your clients?
  
5. Are premium payments sent directly:                      To You                      To a Bank or Lock box
  
6. Are the duties of receiving premium payments, recording the payments, making deposits and account reconciliation split between different employees? Yes    No
  
7. In what areas, excluding premium collection and claim settlement, do you handle client funds?
  
  
8. Do your clients use "0" balance fund? (i.e. client replenishes the account after reconciling the payment made to the claimant by you) Yes    No
  
9. Do you have a claims handling and procedures manual? Yes    No
  
10. What is your maximum claim payment authority? \$
  
11. How many of your employees have the ability to issue claim checks?
  
12. Is a countersignature of claims and other checks required? Yes    No  
 If yes:
  - a. At what limit? \$
  - b. Who signs?
  
13. Are claims handling reports prepared for use by:                      You                      Clients  
 How often for each?                      You:                      Clients:

14. Do you have procedures in place to prevent payments against a closed file? Yes      No
15. What procedures are in place to guard against the payment of fictitious claims?

**To enter more information, please use the separate page attached to the application.**

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants Professional Liability Application and is subject to the same conditions as stated on the application.

Name (Please Print) Title

\_\_\_\_\_  
Signature Date

## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this Application. Please identify the question number to which you are referring.

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Signature

Date