

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

1a. How is the audit performed? _____ 1b. How frequently? _____

2. Describe the services you provide 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: a. To you? b. 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? Yes No
(i.e. client replenishes the account after reconciling the payment made to the claimant by you)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

a. At what limit? \$ _____ b. Who signs? _____

13. Are claims handling reports prepared for use by: a. You? b. Clients?

How often for each? a. You? _____ b. Clients? _____

14. Do you have procedures to 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 Crime Protection Plus 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.

Signature

Date