

CLAIMS ADJUSTERS

SUPPLEMENTAL APPLICATION



Instructions to the applicant:

- 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation**
- 2. If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.**
- 3. Application must be signed and dated by authorized person.**

1. Applicant Name: _____

2. Please check appropriate type of claims handled and indicate approximate percentage of total number of claims handled by volume (should total 100%):

Auto Liability	_____ %	Professional Liability	_____ %
Auto Physical Damage	_____ %	Medical Malpractice	_____ %
General Liability	_____ %	Ocean Marine/Admiralty	_____ %
Property & Inland Marine	_____ %	Aviation	_____ %
Fidelity & Surety	_____ %	Workers' Compensation	_____ %
Other	_____ %	Life, Health, Benefits	_____ %

If any, please describe:

3. Please describe any areas of specialization: _____

4. a. Total number of adjusters and examiners:

b. Average number of outstanding claims files:

c. Average number of claims files per adjuster/examiners:

5. Please describe services performed for any self-insurance, captive, risk retention or pooled risk program:

6. Do adjuster/examiners have authority to make coverage decisions?

Yes No If yes, please describe authority: _____

7. What is the maximum dollar authority level on any claim prior to submission to a client for approval:

8. Do you engage structuring and/or placement of structured settlements:

Yes No If yes, please describe: _____

9. Do you engage in any public adjusting services on behalf of a claimant?

Yes No If yes, please describe and indicate estimated receipts: _____

10. Please supply the top five insurance companies with whom you are adjusting claims:

1. _____
2. _____
3. _____
4. _____
5. _____

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (m-d-y)