



Application Supplement for Claim Adjusters

Please attach the following information:

- 1. Name of Applicant:
2. Please provide a percentage breakdown based upon revenues for the past 12 months of the types of claims being adjusted:

Table with 2 columns of claim types and percentage fields. Includes categories like Auto Liability, General Liability, Health/Medical Insurance, etc., ending with a TOTAL row set to 100%.

- 3. Does the Applicant have any authority to settle losses? Yes No

If yes, please provide full details:

(a) Up to what dollar amount: \$

(b) What lines of insurance:

(c) Does the Applicant have disclaimer authority? Yes No

If yes, what lines:

- 4. What is the average number of claims adjusted each year? #

(a) Average dollar value of claims adjusted: \$

(b) Approximate percentage of total number of claims handled as:
Independent Adjuster (representing insurance companies) %
Public Insurance Adjuster (representing claimants) %

- 5. Does the Applicant own or have any affiliation with an insurance company? Yes No

If yes, please advise of agency name and nature of relationship:

- 6. Does the Applicant handle or administer any subrogation matters? Yes No

- 7. Does the Applicant manage or administer any type of self insurance program? Yes No

- 8. Does the Applicant decline, accept or interpret coverage on behalf of any insurers? Yes No

9. Does the Applicant have any involvement of any kind in administering or managing any aspect of any employee benefit plan, healthcare or medical coverage plan or any kind of financial or investment plan or program? Yes No

If yes, please provide full details: _____

10. Has the Applicant ever had a claim filed against them alleging bad faith or violation of any Unfair Claim Settlement Practices Act or similar act? Yes No

If yes, please attach a complete description.

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date