



CLAIMS ADJUSTER SUPPLEMENTAL APPLICATION



Note: All questions must be answered. All requested attachments must accompany the application.

1. What types of claims does the Applicant adjust? (Please list all areas.)

Commercial

Auto _____%

Property _____%

Casualty _____%

Personal

Auto _____%

Property _____%

Casualty _____%

Other

Life/Health _____%

Workers Compensation _____%

Specialty _____%

Other _____%

2. Does the Applicant adjust aviation, marine, environmental, construction, or petroleum industry or catastrophic claims? Yes No

If Yes, please provide a detailed explanation, using a separate sheet of paper if necessary:

3. Is the Applicant involved in any of the following:
- a. Safety engineering or inspections? Yes No
 - b. Marine Survey work? Yes No
 - c. Self-insured claims work? Yes No
 - d. Claims auditing? Yes No

4. Number of Offices: _____

Please list addresses:

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

If Yes, please explain:

6. Does the Applicant have draft authority? Yes No

If Yes, what amount? _____

7. Does the Applicant have the authority to deny claims on behalf of clients? Yes No

8. Does the Applicant make policy coverage interpretations?

Yes No

9. Please list the following:

Number of adjusters: _____

Yearly average number of claims per adjuster: _____

10. What is the average dollar value of claims the Applicant adjusts? \$_____

11. Describe Applicant firm's five largest jobs/projects during the last three years:

12. Please set forth a list of the Applicant's top clients/carriers by billed fees:

13. Does the Applicant retain independent/sub-contractors to handle claims on its behalf?

Yes No

If Yes, is there a requirement that these individuals/entities maintain E&O insurance?

Yes No

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

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THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____