



CLAIM ADJUSTERS

SUPPLEMENTAL APPLICATION

Applicant:

1. Please provide a percentage breakdown (based on revenues) of the types of claims being adjusted:

a. Liability		%
b. Property		%
c. Marine		%
d. Aviation		%
e. Other (please describe) <input style="width: 150px;" type="text"/>		%
2. Does the applicant have any authority to settle losses? YES NO
 If YES, up to what dollar amount? \$
3. a. Average number of claims adjusted each year:
 b. Average dollar value of claims adjusted: \$
4. List the top three (3) insurance companies with whom you are adjusting claims.

a.	
b.	
c.	
5. Does the applicant provide services or a public adjuster? YES NO
 If YES, please give percentage of work: %

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

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.