

**CLAIM ADJUSTERS
SUPPLEMENTAL APPLICATION**

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

Liability	_____%	Aviation	_____%
Property	_____%	Other	_____%
Marine	_____%	(please describe: _____)	

2) Please complete the appropriate section showing the approximate percentage of your total operations:

Insurance Company Adjusting	_____%
Self-Insured Adjusting	_____%
Public Adjusting	_____%

3) Does the applicant have any authority to settle losses? YES () NO ()

If YES, up to what dollar amount? \$_____

4) A) Average number of claims adjusted each year: _____

B) Average dollar value of claims adjusted: \$_____

5) List the top three (3) insurance companies with whom you are adjusting claims.

A) _____

B) _____

C) _____

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

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the Applicant