



SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

CLAIMS ADJUSTER/INSURANCE CLAIM INVESTIGATOR/LOSS ADJUSTER

NOTE – This is not an application for coverage for insurance agent’s professional liability insurance.

1. Name of Applicant: _____

2. Number of years experience as a claims adjuster: _____

3. Please provide a percentage breakdown of current 12 month gross revenues from the following. If the Applicant is newly established, please advise best estimates:

Category	Percentage	Gross Revenues
Independent Claim Adjusting	%	\$
Public Claim Adjusting	%	\$
Appraisal (describe)	%	\$
Other (describe)	%	\$

4. Does the Applicant engage in any of the following services?

Category	Y or N	% of Receipts
Adjusting of Aviation, Marine, Environmental, Construction, Petro-Chemical, Pharmaceutical, or Pollution claims		
Adjusting of Catastrophic Claims		
Adjusting of Medical Malpractice Claims		
Adjusting of Workers’ Compensation Claims		
Negotiate or place structured settlements		
Manage or administer any type of self insurance program		
Perform services as a Third Party Administrator		
Supervise litigation		
Decline, accept or interpret coverage on behalf of any insurer		
Conduct surveillance and or secret/confidential services as a mean to investigate claims		
Perform appraisals, serve process or provide any other services other than claim adjusting		
Carry any weapons		

Please provide details for any “Yes” answers in a separate attachment.

5. Please list the top 3 states from which you derive the most revenue, including a breakdown from each:

State	License (Yes/No)	% of Revenue

- 6. a. Does the Applicant have any authority to settle losses? Yes No
- b. Does the Applicant have settlement/check writing authority in excess of \$10,000? Yes No
- c. Does the Applicant have settlement/check writing authority in excess of \$25,000? Yes No
- d. Does the Applicant have settlement/check writing authority in excess of \$50,000? Yes No
- e. Does the Applicant have settlement/check writing authority in excess of \$75,000? Yes No
- f. Please indicate what lines (See, Question #4) and the amount of settlement authority for each:

- 7. Have any personnel of the Applicant ever had their license revoked or suspended or been fined or disciplined by any state insurance department? Yes No

If Yes, please provide details.

The undersigned understands the information submitted herein becomes a part of the Applicant's 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 TITLE DATE

This supplement must be signed by a Principal, Partner, Managing Member or Senior Officer of the Applicant.

This document does not amend, extend or alter the coverage afforded by the Policy.