



**CLAIMS ADJUSTERS SUPPLEMENTAL APPLICATION**

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

<b>Liability</b>	_____ %	<b>Aviation</b>	_____ %
<b>Property</b>	_____ %	<b>Other</b>	_____ %
<b>Marine</b>	_____ %	(please describe : _____)	

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

<b>Insurance Company Adjusting</b>	_____ %
<b>Self Insured Adjusting</b>	_____ %
<b>Public Adjusting</b>	_____ %

**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 (3) three insurance companies with whome 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 a person authorized to execute  
on behalf of the Applicant.*