

## CLAIM ADJUSTERS SUPPLEMENT

1. Applicant Company Name: \_\_\_\_\_
  
2. Please provide a percentage breakdown (based upon revenues for the past 12 months) of the types of claims being adjusted:  
  
Auto Liability: \_\_\_\_\_%  
Marine: \_\_\_\_\_%  
Medical Malpractice: \_\_\_\_\_%  
Directors and Officers: \_\_\_\_\_%  
Toxic Tort: \_\_\_\_\_%  
Fiduciary Liability: \_\_\_\_\_%  
Health/Medical Ins.: \_\_\_\_\_%  
Auto Physical Damage: \_\_\_\_\_%  
Construction Defects: \_\_\_\_\_%  
Professional Liability: \_\_\_\_\_%  
Environmental Impairment: \_\_\_\_\_%  
Discrimination/Harassment: \_\_\_\_\_%  
General Liability: \_\_\_\_\_%  
Libel/Slander/Defamation: \_\_\_\_\_%  
Aviation: \_\_\_\_\_%  
Bonds (payment or performance): \_\_\_\_\_%  
Property: \_\_\_\_\_%  
Employee Benefits: \_\_\_\_\_%  
Workers Compensation: \_\_\_\_\_%  
Other (please describe): \_\_\_\_\_%  
Describe: \_\_\_\_\_
  
3. Does the applicant have settlement authority?
  - A. If yes, up to what dollar amount? \_\_\_\_\_  
  
What lines? \_\_\_\_\_
  
  - B. Does the applicant have disclaimer authority? \_\_\_\_\_  
  
If yes, what lines? \_\_\_\_\_
  
4. Average number of claims adjusted each year:
  - A. Average dollar value of claims adjusted: \_\_\_\_\_
  
  - B. Independent Adjuster (representing Insurance Companies): \_\_\_\_\_%  
What percentage are Public Insurance Adjusters (representing claimants): \_\_\_\_\_%
  
5. Does the applicant handle or administrate any subrogation matters? \_\_\_\_\_
  
6. Has the applicant ever had a claim filed against the applicant alleging bad faith or violation of any Unfair Claim

Settlement Practices or similar act? \_\_\_\_\_

If yes, attach a complete description: \_\_\_\_\_

**Notice**\_\_\_\_\_

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE