



# Specified Professions Professional Liability Product

## CLAIMS ADJUSTER SUPPLEMENTAL APPLICATION

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Applicant's Name: \_\_\_\_\_

If the Applicant is newly established, please provide best estimates.

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following:

Independent Claims Adjusting \_\_\_\_\_ %  
Public Claims Adjusting \_\_\_\_\_ %  
Other \_\_\_\_\_ %

**Total 100%**

2. a. Please provide a percentage breakdown of current 12 month Gross Receipts based upon area of specialty:

\_\_\_\_\_%  
\_\_\_\_\_%  
\_\_\_\_\_%

**Total 100%**

b. What percentage of Gross Receipts is derived from Workers Compensation claims? \_\_\_\_\_ %  
What percentage of Gross Receipts is derived from Medical Malpractice claims? \_\_\_\_\_ %

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

State: \_\_\_\_\_ revenue: \_\_\_\_\_ %  
State: \_\_\_\_\_ revenue: \_\_\_\_\_ %  
State: \_\_\_\_\_ revenue: \_\_\_\_\_ %

3. Does the Applicant: *(Provide details below for any "Yes" answers).*

	Yes	No	%Receipts
Negotiate or place structured settlements?	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Manage or administer any type of self-insurance program?	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Perform services as a Third Party Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Supervise litigation?	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Provide claims investigation services?	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

4. Does the Applicant have settlement or check writing authority in excess of \$5,000?  Yes  No

Does the Applicant have settlement or check writing authority in excess of \$10,000?  Yes  No

5. What is the average dollar value of claims adjusted by the Applicant? \$ \_\_\_\_\_

6. 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. \_\_\_\_\_

This claims adjuster supplemental application is attached to and forms part of the professional liability application. This supplemental application is subject to the same provisions concerning representations made in the basic application.

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Signature

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Title

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Date

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Print Name