

Claims Adjuster Supplemental Application

1.	Applicant Name:	
(Proposed First Named Insured)		
2.	Service(s) Performed:	

Service	Percentage of Revenues
Public Adjusting	%
Self-Insured or Captive Adjusting	%
Insurance Company Adjusting (Personal Lines)	%
Insurance Company Adjusting (Commercial Lines)	%
Cost / Risk Management	%

3.	Does Applicant provide adjusting services in any of the following lines?		
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Auto Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Auto Physical Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aviation Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.	Does Applicant have procedures in place to prevent the following:		
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Overpayments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payments from Incorrect Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underpayments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payments to Ineligible Persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Late Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Improper Refusal of Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

THIS CLAIMS ADJUSTER SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS E&O APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.

 Signature of authorized representative of Applicant

 Title

 Type / Print name of authorized representative

 Date