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T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## ADDITIONAL QUESTIONNAIRE FOR CLAIMS ADJUSTERS

To be completed with SUM Insurance Miscellaneous Errors and Omissions Application

1. FULL NAME OF THE APPLICANT: \_\_\_\_\_

2. LIST OF INSURERS FOR WHICH YOU WORK, WITH APPROXIMATE PERCENTAGE OF FEES FOR EACH:

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

3. DO YOU WORK FOR INSUREDS, OR CLIENTS OTHER THAN INSURERS?

Yes  No If Yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

4. DO YOU PROVIDE SERVICES OTHER THAN THOSE OF A CLAIM ADJUSTER?

Yes  No If Yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

5. PLEASE SHOW PERCENTAGE OF FEES FOR EACH OF FOLLOWING:

Jewelry: _____%	Inland Marine: _____%
Furs: _____%	Bonds: _____%
Property: _____%	Marine: _____%
Liability: _____%	Aviation: _____%
Other (specify): _____	_____%

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_