CLAIMS ADJUSTING SUPPLEMENT Forming part of the Professional Liability Application swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



Name of Applicant							
Provide the percent	age of your firm's gross revenue from the last	fiscal period attributa	able to the following:				
Commercial Lines		L L L Percentage	TOTAL should equal 100%				
Personal Lines		L_I_I_I Percentage					
Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:							
Auto Liability		Percentage					
Aviation Liability		L_L_L Percentage					
General Liability		LII Percentage	TOTAL should equal 100%				
Professional Liability		Percentage	10 TAL SHOULD EQUAL 100 /6				
Auto Physical Damage		Percentage					
Property		L L L Percentage					
Marine		L_L_L Percentage					
Other LLLL Describe		Percentage					
Provide the percent	age of your firm's gross revenue from the last	fiscal period attributa	able to the following:				
Insurance Company Adjusting		Percentage					
Self-Insured Adjusting		L_L_L Percentage	TOTAL should equal 100%				
Other Describe		Percentage					
Does your firm have authority to settle claims on behalf of insurers?			☐ Yes ☐ No				
If yes please provide:	Client Name						
	Relationship with client						
	Settlement Authority Limit						

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Is a fund provided by each Insurer?	Yes	No
If Yes, advise the amounts for each Insurer:	 <u> </u>	
	 1 1	
Print Name and Title		
Signature of Applicant or Authorized Penroentative		
Signature of Applicant or Authorized Reprsentative		
DATE: D D M M Y Y		