

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
 SUPPLEMENTAL APPLICATION – INDEPENDENT ADJUSTERS**

1. Name of Applicant: _____
2. List all insurers for which claims are handled, an approximate percentage of your fees for each, how long you have conducted work on behalf of that firm, and any areas of specialty involved:

Name of Firm	% of Revenue	Years Engaged	Specialty

3. Does the Applicant provide services as a public adjuster? Yes No
 If Yes, explain: _____

4. Does the Applicant provide any services other than claims adjusting? Yes No
 If Yes, provide full details: _____

5. Indicate the approximate percentage of revenue derived from each of the following (total must be 100%):

Service	%	Service	%
Automobile		Liability	
Aviation		Marine	
Bonds		Professional Liability	
Inland Marine		Property	
Jewellers / Furriers Block			
Other: _____			

6. Do you manage or provide services to any self-insurance program or group? Yes No
 If Yes, give details including the name of the program or group: _____

7. Do you have the authority to settle claims on behalf of an Insurer(s)? Yes No
 If Yes: (a) what is the maximum settlement authority limit: _____
 (b) on behalf of whom do you hold that authority: _____
 (c) in what classes of business do you have authority: _____

8. Please indicate: (a) average number of claims the Applicant adjusts per year: _____
 (b) average dollar value of claims the Applicant adjusts: \$ _____

This Claims / Public Adjusters Supplemental Application is attached to and forms part of the Miscellaneous Professional Liability Insurance Application. It is subject to the same provisions concerning representations made as in the basic Application.

Signature of Applicant	Date
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