

**COMPLETE THIS APPLICATION ONLY IF REQUESTING COVERAGE FOR CLAIM ADJUSTER/ EXAMINER RELATED ERRORS AND OMISSIONS LIABILITY COVERAGE.** Please submit with the Advantage<sup>®</sup> Miscellaneous Professional Liability Application. Please complete in ink. A principal must sign both the supplement and the miscellaneous professional liability application.

**THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY.**

**Instructions to the applicant:**

- Please answer all questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered material to that evaluation.
- If a question is not applicable, state N/A. If more space is required, please attach a separate exhibit with the question number.
- Application must be signed and dated by an authorized person of the company.

1. Applicant name \_\_\_\_\_
2. Please indicate what type of claims are handled and percentage of total claims adjusted:
 

Auto Liability	_____%	Professional Malpractice Liability	_____%
Auto Physical Damage	_____%	Ocean Marine/Admiralty Aviation	_____%
Property & Inland Marine	_____%	Workers' Compensation	_____%
Fidelity & Surety	_____%	Life, Health, Benefits	_____%
Other	_____%	Please describe	_____
3. Please describe any areas of specialization \_\_\_\_\_
4. Total number of adjusters and examiners \_\_\_\_\_
5. Average number of adjustments performed on a yearly basis? \_\_\_\_\_
6. Average outstanding claim files \_\_\_\_\_
7. Average number of claim files per adjuster/examiner \_\_\_\_\_
8. Average dollar amount per loss adjusted \_\_\_\_\_
9. Please describe services performed for any self-insurance, captive, risk retention or pooled risk program  
\_\_\_\_\_
10. Do adjusters/examiners have authority to make coverage decisions?  Yes  No  
If yes, please describe authority \_\_\_\_\_
11. Do adjusters/examiners have authority to settle losses?  Yes  No  
If yes, please describe dollar amount. \_\_\_\_\_
12. What is the maximum dollar authority level on any claim prior to submission to a client for approval? \_\_\_\_\_
13. Do you engage in structuring and/or placement of structured settlements?  Yes  No  
If yes, please explain \_\_\_\_\_

14. Do you engage in any public adjusting services on behalf of a claimant?  Yes  No  
If yes, please explain and indicate estimated receipts \_\_\_\_\_

15. Please supply the top five insurance companies with whom you are adjusting claims

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

16. Provide the percentage of income from the following (must total 100%)

Insurance Companies \_\_\_\_\_%  
Self Insured Accounts \_\_\_\_\_%  
Public Adjusters \_\_\_\_\_%  
100%

17. Is the applicant involved in any of the following?

(If yes to any of those listed below, please attach a detailed explanation)

Safety engineering or inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marine survey work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acting as a claims supervisor for any self insureds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auditing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Broker: \_\_\_\_\_

Address: \_\_\_\_\_