

SUPPLEMENTAL APPLICATION – CLAIMS ADJUSTERS

1. Name of applicant or insured: _____
2. Is the applicant licensed as an adjuster? Yes No
If "Yes," when was the license first issued and in which states? _____

3. Provide the approximate percentage of (4)

AREA OF PRACTICE	PERCENT OF INCOME
Independent claims adjusting	%
Public claims adjusting	%

AREA OF PRACTICE	PERCENT OF SERVICES
Auto	%
Aviation	%
Home	%
Liability	%
Marine	%
Property	%
Workers' compensation	%
Other (describe):	%

- 4) Provide the approximate percentage of total revenue derived from adjusting the following, total must equal 100%

4. What is the average dollar value of claims adjusted by the applicant? \$ _____
5. What is the highest dollar value claim adjusted by the applicant in last 12 months? \$ _____
6. Total number of claims adjusted by the applicant in last 12 months: _____
7. Do adjusters/examiners have authority to make coverage decisions? Yes No
8. Do adjusters/examiners have authority to settle losses? Yes No
If "Yes," up to what dollar amount? \$ _____
9. Does the applicant:
- a. Negotiate or place structured settlements? Yes No
 - b. Perform services as a third-party administrator? Yes No
 - c. Manage or administer any type of self-insurance program? Yes No

Provide details for any "Yes" answers: _____

1. Please supply the top three insurance companies for whom the applicant is adjusting claims:
1. _____
 2. _____
 3. _____

2. Has the applicant or any of the applicant's personnel ever had their license revoked, suspended or been fined or disciplined by any state insurance department? Yes No
If "Yes," please provide details: _____

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____