



CLAIMS ADJUSTING SUPPLEMENT
 Forming part of the Professional Liability Application

 Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

| | | |
|------------------|---------------------|--------------------------------|
| Commercial Lines | _____ Percentage | TOTAL should equal 100% |
| Personal Lines | _____ Percentage | |

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

| | | |
|------------------------|---------------------|--------------------------------|
| Auto Liability | _____ Percentage | TOTAL should equal 100% |
| Aviation Liability | _____ Percentage | |
| General Liability | _____ Percentage | |
| Professional Liability | _____ Percentage | |
| Auto Physical Damage | _____ Percentage | |
| Property | _____ Percentage | |
| Marine | _____ Percentage | |
| Other | _____ Percentage | |
| Describe | _____ | |

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

| | | |
|-----------------------------|---------------------|--------------------------------|
| Insurance Company Adjusting | _____ Percentage | TOTAL should equal 100% |
| Self-Insured Adjusting | _____ Percentage | |
| Other | _____ Percentage | |
| Describe | _____ | |

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:

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|