



Claims Adjusters Professional Liability Indication Sheet

1. Name of Applicant: _____
2. Address: _____
 City: _____ State: _____ Zip: _____
 Website: _____
3. Date Established: _____ Years of related experience: _____
4. List total gross receipts: \$ _____ Current year (based on 12 months, estimate if necessary)
Please note: Applicants with more than \$500,000 in gross receipts are ineligible for our product
5. During the past 5 years, has any claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, directors, employees, or independent contractors? Yes No
(if Yes, Please provide details on a separate supplemental claims application)
 Is any owner, partner, director or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors? Yes No
(if Yes, Please provide details on a separate supplemental claims application)
 Have any personnel of the Applicant ever had their license revoked or suspended, or been fined or disciplined by any state insurance department? Yes No
6. Please provide a breakdown (in percentage) of receipts derived from the following:
 Independent claims adjusting: _____
 Public adjusting: _____
 Damage appraisals: _____
 Other: _____
7. Does the applicant: **(Provide details for any "Yes" answers)**

Have settlement authority in excess of \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have settlement authority in excess of \$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Negotiate or place structured settlements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform services as a Third Party Administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervise litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide claims investigation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Derive more than 25% of their receipts from adjusting Workers' Compensation or medical malpractice claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adjust claims whose average value exceeds \$75,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: This application is for indication purposes only. Coverage cannot be bound using this application.