



**INDEPENDENT ADJUSTERS – SUPPLEMENTAL QUESTIONNAIRE  
TO BE ATTACHED TO MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION**

Name of Applicant \_\_\_\_\_

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

Does the Applicant provide services as a public adjuster? Yes  No

If Yes, explain: \_\_\_\_\_

Does the Applicant provide any services other than claims adjusting? Yes  No

If Yes, provide full details: \_\_\_\_\_

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

SERVICES	PERCENTAGE
Automobile	%
Aviation	%
Bonds	%
Inland Marine	%
Jewellers / Furriers Block	%
Liability	%
Marine	%
Professional Liability	%
Property	%
Other:	%

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: \_\_\_\_\_

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: \_\_\_\_\_

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 \_\_\_\_\_