



9. If you offer any services other than claims adjusting, please provide a narrative description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Please indicate for each category where you have controls in place to guard against:  
 \_\_\_\_\_ Overpayments      \_\_\_\_\_ Underpayments      \_\_\_\_\_ Late Payments      \_\_\_\_\_ Payments from incorrect plan  
 \_\_\_\_\_ Payments to ineligible      \_\_\_\_\_ Unfair/unjust enrichment      \_\_\_\_\_ Improper refusal of benefits  
 \_\_\_\_\_ Failure to follow payment guidelines or procedures

11. Describe all steps to keep client information confidential: \_\_\_\_\_  
 \_\_\_\_\_

12. Are all transactions between the adjuster, the insurance company, the insured and others carefully documented?  No  Yes  
 If "No," please explain why not: \_\_\_\_\_

13. What is the average length of time a typical claim file remains open? \_\_\_\_\_

14. What number of files are handled per adjuster per week? \_\_\_\_\_

15. Does the applicant utilize Structured Settlement Plans?  No  Yes  
 If "Yes," what percentage of settlements are Structured Settlement Plans? \_\_\_\_\_ %

16. List all states where you adjusted claims during the past 12 months: \_\_\_\_\_  
 \_\_\_\_\_

17. List any additional states where you will be adjusting claims during the next 12 months: \_\_\_\_\_  
 \_\_\_\_\_

18. For all states where you may adjust claims, please describe training & steps taken to ensure compliance with applicable Unfair Claims Practices Acts state laws?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Are licensing requirements met in all states where the applicant firm adjusts claims?  No  Yes  
 If "No," please explain: \_\_\_\_\_

- A. Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last 5 years?  No  Yes
- B. Is the firm owned or controlled by any other firm or individual?  No  Yes
- C. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business?  No  Yes
- D. Has any license held by the firm or any individual ever been suspended or revoked?  No  Yes

**For each "Yes" response to any of the above questions, please submit a signed/dated narrative explanation with this application.**

20. Within the past five years, has the firm performed any professional services for any client in which any, shareholder, officer or employee of the firm had any ownership interest, or which he/she controlled, operated or managed to any extent?

Client Name	Type of Business	Ownership %	Capacity	Dates of work	% of annual revenue

22. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or non-renewed?  No  Yes  
**If "Yes," please provide explanation:** \_\_\_\_\_  
 \_\_\_\_\_

23. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency, regulatory authority, professional association or other regulatory body as a result of professional activities?  No  Yes

**If "Yes," please provide explanation:** \_\_\_\_\_  
 \_\_\_\_\_

24. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years?  No  Yes

**If "Yes," please complete a separate Supplemental Claim Form for each claim or suit.**

25. Is the firm aware of any circumstances or any allegations of contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals?  No  Yes

**If "Yes", please complete a separate Supplemental Claim Form for each incident.**

26. A. Total Gross Fees: Last Year \$ \_\_\_\_\_ This Year (est) \$ \_\_\_\_\_

B. Total Payroll: Last Year \$ \_\_\_\_\_ This Year (est) \$ \_\_\_\_\_

C. Does any single client provide over 30% of gross receipts  No  Yes

**If "Yes," please provide details:** \_\_\_\_\_  
 \_\_\_\_\_

27. What percentage of applicant's business involves subcontracting work to others? \_\_\_\_\_%  
 Cost of subcontracted work \_\_\_\_\_ What operations are subcontracted? \_\_\_\_\_  
 Are sub-contractors required to carry their own E&O insurance?  No  Yes  
 If "Yes," what minimum limits are required of sub-contractors? \_\_\_\_\_

28. Individuals – Please list all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members. See the end of the application for additional blank space, if needed.

Name	Title	Years of claims examining experience

29. Education, Training, Management:

A. Please attach a resume for each owner, partner, principal and professional/technical employee.  No  Yes

B. Do all employees (including management) attend at least one educational seminar annually?  No  Yes

C. Is educational material presented to, and reviewed with all employees at least semi-annually?  No  Yes

D. Is management active in daily operations?  No  Yes

E. Are staff meetings held at least bi-weekly?  No  Yes

F. Are printed standards of practice and code of ethics adhered to, and copies provided to all clients?  No  Yes

**Please enclose any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.**

30. Membership(s) in Professional Organizations, Associations and Societies:  No  Yes

31. Name(s) of organization: \_\_\_\_\_  
 Has any person or organization requested to be added to your policy as an additional insured?  
**If "Yes":**  
 Person/Organization \_\_\_\_\_ Interest/Reason \_\_\_\_\_  
 Address: \_\_\_\_\_

32. E & O coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premiums	Retroactive Date

33. **Coverage Requested:**

Requested Effective Date \_\_\_\_\_ Requested Retroactive Date \_\_\_\_\_

**(If prior acts coverage is desired, a copy of current policy declarations must be attached. )**

Limits of Liability: [ ] \$100,000/\$100,000 [ ] \$300,000/\$300,000 [ ] \$500,000/\$500,000

[ ] \$1,000,000/\$1,000,000 [ ] Other \_\_\_\_\_

Deductible: [ ] \$1,000 [ ] \$2,500 [ ] \$5,000 [ ] \$10,000

34. **Supplemental Information** (Use this area to provide additional information)

Question #	Additional Information

**Signatures** - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNER, PARTNERS OR PRINCIPALS.

The undersigned, being authorized by, and acting on behalf of the firm and all persons or concerns seeking insurance, have read and understand this application and declare all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue, or incomplete, any statement made herein, will immediately be reported in writing to the company. The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application.

**REPRESENTATION:** I/We represent(s) that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence acceptance of this application by issuance of a policy. I/WE further represent(s) that I/WE have not withheld any information which is reasonably likely to influence the judgement of the company/underwriter considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc....) If I/WE have withheld any such information, I/WE understand that the coverage may be voided. I/WE further understand that failure to disclose any information in my/our possession regarding possible acts, errors or omissions which may lead to a claim, will relieve the insurance company of any obligation under the policy.

I/WE hereby authorize the insurance company, it agents and representatives to secure any information from my/our current and previous insurance carriers.

**NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.**

\* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\*not applicable in all states

**Signed by the applicant and the retail insurance agent:**

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Lic #: \_\_\_\_\_