



Facsimile: (913) 564-0603
Email: submissions@specialtyglobal.com

specialtyglobal.com

Claims Adjuster Supplement

1. Applicant Name: _____
(Proposed First Named Insured)

<u>Service Performed</u>	<u>Percentage of Revenues</u>
Public Adjusting	_____ %
Self-Insured or Captive Adjusting	_____ %
Insurance Company Adjusting (Personal Lines)	_____ %
Insurance Company Adjusting (Commercial Lines)	_____ %
Cost/Risk Management	_____ %

3. Does Applicant provide adjusting services in any of the following lines?

- | | | | | | |
|--------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Auto Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auto Physical Damage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aviation Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Property Coverage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Worker's Compensation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Does Applicant have procedures in place to prevent the following:

- | | | | | | |
|---------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Overpayments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Payments from Incorrect Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Underpayments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Payments to Ineligible Persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Late Payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Improper Refusal of Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

THIS CLAIMS ADJUSTER SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS E&O APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.

Signature of authorized representative of Applicant

Title

Print name of authorized representative

Date