



ADJUSTERS SUPPLEMENTAL APPLICATION

1. Provide a breakdown showing the approximate percentages of your total operations.

Insurance Company adjusting _____ %
 Self Insured adjusting _____ %
 Public adjusting _____ %

2. Provide a breakdown of your total gross receipts that are derived from adjusting services in the following areas.

Liability	_____ %	Personal	_____ %
Auto Liability	_____ %	Commercial	_____ %
Aviation Liability	_____ %		100%
Professional Liability	_____ %		
Property (fire and allied lines)	_____ %		
Auto Physical Damage	_____ %		
Workers Compensation	_____ %		
Other _____	_____ %		
	100%		

3. Has the applicant been granted claim payment authority by any client? Yes No
 If yes, provide details, including a copy of the contract(s). _____

4. Does not applicant provide any of the following services:

	Yes	No	Gross Receipts
Third Party Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Insurance/Reinsurance Consulting or Sales	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Actuarial	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

It is understood that this supplement becomes a part of the Professional Liability Insurance Application.

Date: _____ Signature: _____
 Title: _____