



CLAIMS ADJUSTERS ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

APPLICANT NAME:	
BUSINESS NAME:	
MAILING ADDRESS:	
INSURED ADDRESS:	<input type="checkbox"/> Same as above
Web-site Address	www.
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____	

1. A. Year Established _____ B. Number of Locations _____
2. Please complete the following sections showing the approximate percentages of your total operations involving:
 - a. _____% Insurance Company Adjusting
 - b. _____% Self-Insured Adjusting
 - c. _____% Public Adjusting
3. Indicate the approximate percentages of your total revenue derived from adjusting the following lines of insurance:
 - a. _____% Auto Physical Damage
 - b. _____% Auto Liability
 - c. _____% Aviation Liability
 - d. _____% Life Insurance
 - e. _____% Premises/slip & fall, etc.
 - f. _____% Products Liability
 - g. _____% Professional Liability
 - h. _____% Property (Fire and Allied Lines)
 - i. _____% Workers' Compensation
 - j. _____% Other: (describe) _____

Total: 100 %
4. What percentage of your adjusting services involves Personal Lines business? _____%
5. What percentage of your adjusting services involves Commercial Lines business? _____%
6. Do you have authority to settle on behalf of your client/carrier? No Yes
If "Yes," what is your authority limit? \$ _____
7. Do you have authority to deny claims on behalf of your client/carrier? No Yes
8. For claims handled, what is the average claim value during the past 12 months? \$ _____
Largest claim value during the past 12 months? \$ _____

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 #: _____