

**UNITED STATES LIABILITY INSURANCE GROUP  
Claims Adjusters Supplemental**

**APPLICATION**

Applicant's Name: \_\_\_\_\_

*If the Applicant is newly established, please provide best estimates.*

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following.

Independent Claims Adjusting	_____	%
Public Claims Adjusting	_____	%
Other _____	_____	%
<b>Total</b>	<b>100</b>	<b>%</b>

2. (a) Please provide a percentage breakdown of current 12 month Gross Receipts based upon area of specialty.

_____	_____	%
_____	_____	%
_____	_____	%
<b>Total</b>	<b>100</b>	<b>%</b>

(b) What percentage of Gross Receipts is derived from Workers Compensation claims? \_\_\_\_\_%

What percentage of Gross Receipts is derived from Medical Malpractice claims? \_\_\_\_\_%

3. Does the Applicant: *(Provide details below for any "Yes" answers.)*

	Yes	No	%Receipts
Negotiate or place structured settlements?	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Manage or administer any type of self-insurance program?	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Perform services as a Third Party Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Supervise litigation?	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Provide claims investigation services?	<input type="checkbox"/>	<input type="checkbox"/>	_____%

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the Applicant have settlement or check writing authority in excess of \$5,000?  Yes  No

Does the Applicant have settlement or check writing authority in excess of \$10,000?  Yes  No

5. What is the average dollar value of claims adjusted by the Applicant? \$ \_\_\_\_\_

6. Have any personnel of the Applicant ever had their license revoked or suspended or been fined or disciplined by any state insurance department?  Yes  No

*If "Yes", please provide details.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS CLAIMS ADJUSTERS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.**

_____ SIGNATURE	_____ TITLE	_____ DATE
_____ PRINT NAME		