

1. Name of applicant or insured: _____
2. Is the applicant licensed as an adjuster? ☐ Yes ☐ No
If "Yes," when was the license first issued and in which states? _____

3. Provide the approximate percentage of income from the following, total must equal 100%:

AREA OF PRACTICE	PERCENT OF INCOME
Independent claims adjusting	%
Public claims adjusting	%

4. Provide the approximate percentage of total revenue derived from adjusting the following, total must equal 100%:

AREA OF PRACTICE	PERCENT OF SERVICES
Auto	%
Aviation	%
Home	%
Liability	%
Marine	%
Property	%
Workers' compensation	%
Other (please describe): _____	%

5. What is the average dollar value of claims adjusted by the applicant? \$ _____
6. What is the highest dollar value claim adjusted by the applicant in last 12 months? \$ _____
7. Total number of claims adjusted by the applicant in last 12 months: _____
8. Do adjusters/examiners have authority to make coverage decisions? ☐ Yes ☐ No
9. Do adjusters/examiners have authority to settle losses? ☐ Yes ☐ No
If "Yes," up to what dollar amount? \$ _____
10. Does the applicant:
 - a. Negotiate or place structured settlements? ☐ Yes ☐ No
 - b. Perform services as a third-party administrator? ☐ Yes ☐ No
 - c. Manage or administer any type of self-insurance program? ☐ Yes ☐ No

Provide details for any "Yes" answers: _____



11. Please supply the top three insurance companies for whom the applicant is adjusting claims:

1. _____
2. _____
3. _____

12. Has the applicant or any of the applicant's personnel ever had their license revoked, suspended or been fined or disciplined by any state insurance department?

☐ Yes ☐ No

If "Yes," please provide details: _____

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____