



**SUPPLEMENTARY APPLICATION  
 ERRORS & OMISSIONS LIABILITY INSURANCE  
 INSURANCE ADJUSTERS**

1. Name of Applicant

2. List all insurance companies for which claims are handled, with the approximate percentage of fees for each

3. State percentage of work done for:

Insurance companies \_\_\_\_\_ %

Insureds \_\_\_\_\_ %

Others (please specify)

\_\_\_\_\_ %

\_\_\_\_\_ %

4. Does Applicant have written settlement authorities?  Yes  No If yes, please state amount(s): \$ \_\_\_\_\_

5. Does the applicant provide any services other than insurance claims adjusting?  Yes  No

If yes, provide details

\_\_\_\_\_

\_\_\_\_\_

6. State percentage of fees for each

Personal Lines	Commercial Lines	Specialties
Property/Liability _____ %	Property _____ %	Ocean Marine _____ %
Automobile _____ %	General Liability _____ %	Errors & Omissions _____ %
	Inland Marine _____ %	Jewellers Blocks _____ %
	Bonds _____ %	Furriers _____ %
		Aviation _____ %
Others (please specify)		
_____		
_____		

**DECLARATION**

The undersigned declares that all statements made in the Supplementary Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application and Supplementary Application shall be the basis of the contract, should a policy be issued.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title or Position

\_\_\_\_\_  
 Date

**Must be signed by a Principal, Partner, Controller,  
 Executive Officer, Director or Manager**