



**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**