

**APPLICATION**  
**INSURANCE CLAIM ADJUSTERS ERRORS AND OMISSIONS INSURANCE**  
**CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS												
1. Full name and address of Applicant.	1. _____												
2. Address(es) of Branch Office(s).	2. _____												
3. Date Established.	3. _____												
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____												
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.).	5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><b><u>Full Time</u></b></td> <td style="text-align: center;"><b><u>Part Time</u></b></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		<b><u>Full Time</u></b>	<b><u>Part Time</u></b>	a)	_____	_____	b)	_____	_____	c)	_____	_____
	<b><u>Full Time</u></b>	<b><u>Part Time</u></b>											
a)	_____	_____											
b)	_____	_____											
c)	_____	_____											
6. a) Furnish the following information on all principals and key employees:	6. a)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><b><u>Full Name</u></b></td> <td style="width: 15%;"><b><u>No. Years Experience</u></b></td> <td style="width: 25%;"><b><u>Professional Qualifications</u></b></td> <td style="width: 25%;"><b><u>How Long a Principal</u></b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	<b><u>Full Name</u></b>	<b><u>No. Years Experience</u></b>	<b><u>Professional Qualifications</u></b>	<b><u>How Long a Principal</u></b>									
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b) Attach resumes of the principals, key employees, and claim adjuster subcontractors.	b)												
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a) \$ _____												
b) Furnish gross receipts for the current year and the past two years.	b) 19__ \$ _____ 19__ \$ _____ 19__ \$ _____												

QUESTIONS	ANSWERS
<p>8. Furnish the percentage of gross receipts derived from the following:</p> <ul style="list-style-type: none"> <li>a) General Liability;</li> <li>b) Environmental Liability;</li> <li>c) Property (Fire and Allied Lines);</li> <li>d) Catastrophe;</li> <li>e) Auto Liability;</li> <li>f) Auto Physical Damage;</li> <li>g) Aviation;</li> <li>h) Marine;</li> <li>i) Workers Compensation;</li> <li>j) Professional Liability;</li> <li>k) Other _____</li> </ul>	<p>8.</p> <p style="text-align: center;"><u>%</u></p> <ul style="list-style-type: none"> <li>a) _____</li> <li>b) _____</li> <li>c) _____</li> <li>d) _____</li> <li>e) _____</li> <li>f) _____</li> <li>g) _____</li> <li>h) _____</li> <li>i) _____</li> <li>j) _____</li> <li>k) _____</li> </ul> <p>Total 100%</p>
<p>9. Furnish the percentage of work derived from the following:</p> <ul style="list-style-type: none"> <li>a) Insurance Company Adjusting;</li> <li>b) Public Adjusting;</li> <li>c) Self-insured Adjusting;</li> <li>d) Claims Administration;</li> <li>e) Risk Retention Groups;</li> <li>f) Other _____</li> </ul>	<p>9.</p> <p style="text-align: center;"><u>%</u></p> <ul style="list-style-type: none"> <li>a) _____</li> <li>b) _____</li> <li>c) _____</li> <li>d) _____</li> <li>e) _____</li> <li>f) _____</li> </ul> <p>Total 100%</p>
<p>10. Furnish the names of the THREE largest clients.</p>	<p>10. <u>Client Name</u></p> <ul style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> </ul>



QUESTIONS	ANSWERS																								
<p>16. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>16. a) YES/NO</p> <p>b)</p>																								
<p>17. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>																								
<p>18. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>	<p>18. a) YES/NO</p> <p>b)</p>																								
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Insurer</u></th> <th style="text-align: left;"><u>Policy No.</u></th> <th style="text-align: left;"><u>Limits of Liability</u></th> <th style="text-align: left;"><u>Deductible</u></th> <th style="text-align: left;"><u>Premium</u></th> <th style="text-align: left;"><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<p>c) YES/NO</p> <p>d) _____</p>																								
<p>19. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>																								

QUESTIONS	ANSWERS
<p>20. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> <li>1) Date the Claim was made;</li> <li>2) Name of the Claimant;</li> <li>3) Value of the Claim;</li> <li>4) If the Claim is settled or outstanding;</li> <li>5) Amount of the settlement;</li> <li>6) Brief description.</li> </ol>	<p>20. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> <li>5) _____</li> <li>6) _____</li> </ol>
<p>21. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> <li>1) Date the Applicant first became aware of any such alleged negligent act, error or omission;</li> <li>2) Name of the potential Claimant;</li> <li>3) Estimated value;</li> <li>4) Brief description.</li> </ol>	<p>21. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> </ol>
<p>22. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>22. a) YES/NO</p> <p>b)</p>
<p>23. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>23. YES/NO</p>
<p>24. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>24. a) \$ _____ Each Claim/Aggregate</p> <p>b) \$ _____</p>

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

\*Name of Firm: \_\_\_\_\_

By: \_\_\_\_\_  
(Owner, Partner, or Senior Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_ 19 \_\_\_\_\_

*\*Signing this form does not bind the Applicant or the Company to complete the insurance.*