

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: \_\_\_\_\_