



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

CLAIM ADJUSTER SUPPLEMENT

1. Name of Applicant:

2. Please indicate the percentage of claims adjusted in the following categories:

Liability (Commercial)	___%	Liability (Personal)	___%
Property (Commercial)	___%	Property (Personal)	___%
Marine	___%	Life/Health	___%
Aviation	___%	Workers Comp	___%
		Other (describe)	___%

3. Does the applicant adjust aviation, marine, environmental, construction, petroleum industry or catastrophic claims? If yes, provide full details. [] Yes [] No

4. Is the applicant involved in any of the following?

Safety engineering or inspections	[] Yes	[] No
Marine survey work	[] Yes	[] No
Self insured claims work	[] Yes	[] No
Claims auditing	[] Yes	[] No

5. Number of offices: _____

6. Number of adjusters: _____

7. Yearly average number of claims per adjustor: _____

8. Average dollar value of claims adjusted in the past 36 months: \$ _____

9. Dollar value of single largest claim adjusted in the past 36 months: \$ _____

10. Does the Applicant have authority to settle any losses? [] Yes [] No

If Yes, indicate what types of claims and up to what dollar amount: _____

11. Does the Applicant have draft authority? [] Yes [] No

If Yes, indicate up to what amount:

12. Indicate the percentage of the total number of claims handled as:

Independent Adjustor (representing insurance company) ___%

Public Insurance Adjustor (representing claimants) ___%

13. Describe the Applicant's five largest jobs/projects during the last three years:

14. List the Applicant's largest clients/carriers by billed fees, indicating amounts billed:

15. Does the Applicant use independent/sub-contractors to handle claims on its behalf? Yes No

If Yes, is there a requirement that these individuals/entities maintain E&O insurance? Yes No

16. Does the Applicant own or have an affiliate with an insurance agency? Yes No

If Yes, indicate name and nature of relationship:

17. Does the Applicant handle or administrate any subrogation matters? Yes No

18. Does the Applicant manage or administrate any type of self-insurance program? Yes No

19. Does the Applicant deny, accept or interpret coverage on behalf of any insurer? Yes No

20. Does the Applicant close structured settlements? Yes No

If Yes, does the Applicant fully disclose the cost of the structured settlements to all parties involved in the settlement? Yes No

Attach a sample settlement closing statement.

21. Does the Applicant have any involvement of any kind in administering or managing any aspect of an employee benefit plan, healthcare or medical coverage plan, or any kind of financial or investment plan or program?

If Yes, provide full details. Yes No

22. Has a claim ever been filed against the Applicant alleging bad faith or violation of any Uniform Claim Settlement Practices or similar act? If Yes, attach a complete description. Yes No

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____