



AMERICAN INTERNATIONAL COMPANIES[®]

Name of Insurance Company

To Which Application is Made: _____

(herein called the Insurer)

**CLAIMS ADJUSTERS AND ADMINISTRATORS
SUPPLEMENTAL APPLICATION**

NOTE: PLEASE BE ADVISED THAT ALL QUESTIONS ARE ASKED WITH REGARD TO
PROFESSIONAL SERVICES PERFORMED FOR OTHERS

1. Name of Applicant: _____

2. What types of losses are being adjusted?

3. Does the applicant have any authority to settle losses? Yes No
If yes, up to what dollar amount?

4. What is their dollar authority level on a claim before it has to be submitted to the insurance company for approval?

5. Do they place structured settlements? Yes No

6. Do the adjusters/examiners have the authority to make coverage decisions?

Yes No

Named Applicant _____

Date _____

7. Please supply the following:

Average number of adjustments performed on a yearly basis _____

Average dollar amount per loss adjusted _____

8. Please supply the top five insurance companies with whom you are adjusting claims:

1. _____

2. _____

3. _____

4. _____

5. _____

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: _____

Address: _____
