

SPECIALTY E & O PLAN

SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION CLAIMS ADJUSTER SUPPLEMENT

1. Name of **Your** firm: _____

2. Please complete the following sections showing the approximate percentages of **Your** total operations involving:

_____ % Insurance Company Adjusting

_____ % Self-Insured Adjusting

_____ % Public Adjusting

3. Indicate the approximate percentages of **Your** total revenue derived from adjusting the following lines of insurance:

_____ % Liability (other than Auto, Aviation or Professional)

_____ % Auto Liability

_____ % Professional Liability

_____ % Aviation Liability

_____ % Property (Fire and Allied Lines)

_____ % Auto Physical Damage

_____ % Workers' Compensation

_____ % Other (Describe) _____

4. (a) What percentage of **Your** adjusting services involves Personal Lines business? _____ %

(b) What percentage of **Your** adjusting services involves Commercial Lines business? _____ %

THIS CLAIMS ADJUSTER SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.