PROFESSIONAL UNDERWRITERS AGENCY, INC.

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Oakbrook Terrace, IL 60181-4297

Phone (630) 916-0500
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SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
ADJUSTER
(Claims Made Basis)

Name of Applicant:_____

1. Please complete the appropriate sections showing the approximate percentage of your total operations:

Insurance Company Adjusting	_____ %
Self Insured Adjusting	_____ %
Public Adjusting	_____ %
Other (describe)	_____ %
_____	_____ %
Total:	100 %

2. Indicate the approximate percentage of total revenue derived from adjusting claims under the following lines of insurance:

Liability (other than auto, aviation or professional)	_____ %
Automobile and motor vehicle liability	_____ %
Aviation liability	_____ %
Professional liability	_____ %
Property and casualty (fire and allied lines)	_____ %
Automobile physical damage	_____ %
Workers compensation	_____ %
Personal lines	_____ %
Commercial Lines	_____ %
Other (specify) _____	_____ %
Total:	_____ %

3. How many claims were handled by the Applicant during the past twelve months?_____

4. How many claims does the Applicant expect to handle in the next twelve month?_____

5. Does the Applicant provide any services to preferred provider or health maintenance organizations?
( ) YES. ( ) NO.
If YES, please provide details._____
_____
_____

6. Does the Applicant own or have affiliation with an insurance agency or insurance brokerage?
( ) YES. ( ) NO.
If YES, set forth the names of those agencies and/or brokerages._____
_____
_____

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability Insurance, and is utilized to develop pertinent information unique to claims adjuster operations.

_____ _____ _____

Date Authorized Representative Title