

# Professional Liability: Claims Adjusters (NON TPA)

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**KEYSTROKE**<sup>SM</sup>  
UNDERWRITERS  
Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

**1. Applicant Information:**

Name of Applicant: \_\_\_\_\_

**2. Please complete the following sections:**

**A. Operations**

Services	Percentage	Annualized Revenues
Cost/ Risk Management		
Insurance Company Adjusting (Commercial Lines)		
Insurance Company Adjusting (Personal Lines)		
Public Adjusting		
Self Insured or Captive Adjusting		
<b>TOTAL</b>	<b>100%</b>	

**B. Lines of Insurance**

Coverage Lines	Percentage	Annualized Revenues
Auto Liability (Commercial and Personal)		
Auto Physical Damage		
Aviation Liability		
Marine		
Professional Liability		
Property(Fire and Allied Lines)		
Workers Compensation		
Other- please specify		
<b>TOTAL</b>	<b>100%</b>	

**3. Please list the Top 3 Insurance Companies for which the Applicant provides claims adjusting services:**

Customer	Last Annualized Year Revenues	Current Revenues
1.		
2.		
3.		
<b>Total</b>		

4. **What is the average number of claims adjusted each year:** \_\_\_\_\_  
**Average dollar value of claim adjusted each year:** \$ \_\_\_\_\_

5. **Does the Applicant have draft check issuance authority?**    No    Yes  
 If "Yes", please list for what companies and the amount \_\_\_\_\_  
 \_\_\_\_\_

6. **Does the Applicant have the authority to settle losses?**    No    Yes  
 If "Yes", up to what dollar amount? \$ \_\_\_\_\_

7. **Does the applicant decline, accept or interpret coverage on behalf of any insurer?**    No    Yes  
 If yes, please provide details  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FALSE INFORMATION**

**THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

**Signing of this form does not bind the applicant or the Underwriters to complete this insurance.**