



**Miscellaneous PROtect<sup>SM</sup>  
Claims Adjusters Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

**INSTRUCTIONS –**

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Applicant Name (as identified in the application submitted for the proposed insurance):

2. Please complete the following sections showing the approximate percentage of your total operations involving:

- a. Insurance Company Adjusting:  %
- b. Self-Insured Adjusting:  %
- c. Public Adjusting:  %

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

Auto Physical Damage	%	Products Liability	%
Auto Liability	%	Property (Fire and Allied Lines)	%
Aviation Liability	%	Professional Liability	%
Life Insurance	%	Workers Compensation	%
Premises/Slip & Fall etc.	%	Others (describe):	%

4. What percentage of your adjusting services involves:

Personal Lines Business	%	Commercial Lines Business	%
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- 5. a. Do you have authority to settle on behalf of your client/carrier?  Yes  No  
 If "Yes", what is your authority limits?  \$
- b. Do you have authority to deny claims on behalf of your client/carrier?  Yes  No

6. For claims handled in past twelve (12) months, please provide the following:

Average Claim Value	\$	Largest Claim Value	\$
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7. If you provide any services other than claims adjusting, please provide a narrative description.

8. Please indicate for each category where you have controls in place to guard against.

Overpayments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underpayments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Late payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payments to ineligible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payments from incorrect plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfair/unjust enrichment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Improper refusal of benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Failure to follow payments guidelines or procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Describe steps to keep client information confidential.

10. Are all transactions between the adjuster, the insurance company, the insured and others carefully documented?  Yes  No

If "No", please explain why not.

11. a. What is the average length of time a typical claims file remains open?

b. What numbers of files are handled per adjuster per week?

12. Does the Applicant utilize a Structured Settlement Plan?

Yes  No

If "Yes", what percentage of settlements are Structured Settlement Plans?

%

13. a. List all states where you have adjusted claims during last twelve (12) months.

b. List any additional states where you will be adjusting claims during the next twelve (12) months.

c. For all states where you may adjust claims, please describe training and steps taken to ensure compliance with applicable Unfair Claims Practices Acts state laws.

14. Are licensing requirements met in all states where the Applicant firm adjusts claims?

Yes  No

If "Yes", please provide full details.

15. a. Is the firm owned or controlled by any other firm or individual?

Yes  No

b. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business?

Yes  No

c. Has any license held by the firm or any individual ever been suspended or revoked?

Yes  No

For each "Yes" response to any of the above questions, please submit a signed/dated narrative explanation with this application.

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE

DATE