



Travelers 1ST ChoiceSM For Professionals
Adjusters Liability Supplement

St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it along with your completed Miscellaneous Errors & Omissions Liability Application, (form 58530). You agree that this Supplement will become part of your application for Miscellaneous Errors & Omissions Liability Insurance and is subject to the same terms.

Full Legal Name of Applicant

1. a. Indicate the type of services provided by the applicant and approximate percent of time devoted to each area.
(Check all that apply. Total must equal 100%)

- Independent Adjuster..... %
 - Public Adjuster..... %
 - Specialist Adjuster (e.g. Catastrophe Adjuster or Average Adjuster)..... %
Describe Specialty _____
 - Staff Adjuster..... %
 - Claim Administration..... %
- TOTAL 100%**

b. What percent of the above Total is derived through your use of independent contractors?..... %

c. Does the applicant provide professional services that are not provided in conjunction with the settlement of insurance claims? For example: attorney, fire investigator, or third-party administrator. If yes, please describe all such services and provide details of any professional liability insurance covering these activities on a separate sheet. Yes No

2. a. Indicate the approximate number of claims adjusted during the past 12 months:.....

b. Indicate the approximate percentage of total claims adjusting activities over the past 12 months for each of the following categories listed below: Total must equal 100%

- 1. Aviation..... %
 - 2. Commercial Lines Liability..... %
 - 3. Commercial Lines Property..... %
 - 4. Environmental Liability..... %
 - 5. Liquor Liability..... %
 - 6. Ocean Marine..... %
 - 7. Personal Lines..... %
 - 8. Petroleum Liability..... %
 - 9. Professional Liability Medical..... %
 - 10. Professional Liability Nonmedical..... %
 - 11. Workers Compensation..... %
 - 12. Other- Please Specify _____ %
- TOTAL 100%**

c. Does the applicant handle claims involving mold determinations or settlements? If yes, provide details on a separate sheet. Yes No

d. On a separate sheet, please explain applicant's procedures for addressing potential mold exposures when investigating or settling a claim involving water or moisture damage.

3. Does the applicant work as an independent contractor for any national adjusting firm? Yes No
If yes:

- a. Name of firm(s) _____
- b. What percentage of the applicant's total revenue is derived from work for such firms? %

4. a. Does the applicant make insurance coverage determinations? Yes No
If yes, is this authority defined in writing from the insurance carriers? If no, explain how authority is defined on a separate sheet. Yes No
- b. Does the applicant issue reservation of rights or declination of coverage letters?..... Yes No
If yes, is authority to do so defined in writing from the insurance carrier? If no, explain how authority is defined on a separate sheet. Yes No
- c. Does the applicant obtain the insured's advice prior to denying a claim or making a compromise settlement if authority to do so has not already been granted in writing by the insurer?..... Yes No
- d. Does the applicant manage or provide services to any self-insurance program or risk retention group?..... Yes No
If yes, describe all such services on a separate sheet.
- e. Does the applicant contact the claimant prior to entering private property?..... Yes No
- f. Does the applicant always obtain a copy of the insurance policy or a summary of coverage from the insurer prior to adjusting a claim?..... Yes No
- g. Does the applicant use individual written agreements signed by the client for each claim adjusted, or a master agreement for claims adjusting services for whom the applicant provides continuous or ongoing services?..... Yes No
- h. Does the applicant adjust claims in the state of California?..... Yes No
If yes, has the applicant established written procedures or standard to comply with California's Claims Settlement Practices regulations?..... Yes No
5. Does the applicant ever contract with independent contractors to assist in the claims handling process?..... Yes No
If yes, does the applicant:
- a. Verify that these independent contractors have professional liability insurance? Yes No
- b. Verify experience or training of all such independent contractors? Yes No
- c. Verify that all such independent contractors are properly licensed adjusters? Yes No

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

Signature of Applicant	Date
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