

ALLSOUTH
PROFESSIONAL LIABILITY, INC.

P. O. Box 66689, St. Pete Beach, FL 33736-6689
Phone (813) 288-0990 Fax (813) 282-0994

CLAIM ADJUSTERS SUPPLEMENTAL APPLICATION

- 1) Please provide a percentage breakdown (based on revenues) of the types of claims being adjusted.

Liability _____ % Aviation _____ %

Property _____ % Other _____ %

Marine _____ % (please describe)

- 2) Does the applicant have any authority to settle losses? () yes () no

If yes, up to what dollar amount? \$ _____

- 3) A) Average number of claims adjusted each year _____

B) Average dollar value of claims adjusted _____

- 4) List the top three (3) insurance companies with whom you are adjusting claims.

A) _____

B) _____

C) _____

It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the
Applicant