



**Travelers Casualty and Surety Company of America**

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND RETENTION, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

<b>GENERAL INFORMATION</b>
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Proposed First Named Insured & Other Named Insured(s):	Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

<b>ADJUSTER LIABILITY QUESTIONS</b>
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1. Check all that apply. (Total must equal 100% based on revenue.)
 

<input type="checkbox"/> Independent Adjuster: .....	_____ %
<input type="checkbox"/> Public Adjuster: .....	_____ %
<input type="checkbox"/> Specialist Adjuster (e.g. Catastrophe Adjuster or Average Adjuster): .....	_____ %
Describe Specialty: _____	
<input type="checkbox"/> Staff Adjuster: .....	_____ %
<input type="checkbox"/> Claim Administration: .....	_____ %
a. What percent of the above professional services is derived through use of independent contractors? .....	_____ %
b. Do you provide professional services that are not provided in conjunction with the settlement of insurance claims (For example: attorney, fire investigator, or third-party administrator)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please describe such services and provide details of any professional liability insurance covering these activities in the Additional Information section at the end of this Application.</i>	
  
2. Indicate the approximate number of claims adjusted in the past 12 months: \_\_\_\_\_
  
3. 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% based on revenue):
 

Aviation: .....	_____ %
Commercial Lines Liability: .....	_____ %
Commercial Lines Property: .....	_____ %
Environmental Liability: .....	_____ %
Liquor Liability: .....	_____ %
Ocean Marine: .....	_____ %
Personal Lines: .....	_____ %
Petroleum Liability: .....	_____ %

- Professional Liability Medical: ..... %  
Professional Liability Nonmedical:..... %  
Workers Compensation: ..... %  
Other - please specify: ..... %
4. Do you handle claims involving mold determinations or settlements? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this Application.*
  5. Explain your procedures for addressing potential mold exposures when investigating or settling a claim involving water or moisture damage in the Additional Information section at the end of this Application.
  6. Do you work as an independent contractor for any national adjusting firm? .....  Yes  No
    - a. If yes, please indicate name of firm(s): \_\_\_\_\_
    - b. Indicate the percentage of your total revenue derived from work for such firms: ..... %
  7. Do you make insurance coverage determinations? .....  Yes  No  
*If yes, is this authority defined in writing from the insurance carriers?.....  Yes  No*  
*If no, please explain how authority is defined in the Additional Information section at the end of this Application.*
  8. Do you 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?.....  Yes  No*  
*If no, explain how authority is defined in the Additional Information section at the end of this Application.*
  9. Do you obtain the insurer'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
  10. Do you manage or provide services to any self-insurance program or risk retention group? .....  Yes  No  
*If yes, please describe all such services in the Additional Information section at the end of this Application.*
  11. Do you contact the claimant prior to entering private property? .....  Yes  No
  12. Do you always obtain a copy of the insurance policy or a summary of coverage from the insurer prior to adjusting a claim?.....  Yes  No
  13. Do you use individual written agreements signed by the clients for each claim adjusted, or a master agreement for claims adjusting services for whom you provide continuous or ongoing services?.....  Yes  No
  14. Do you adjust claims in the state of California? .....  Yes  No  
*If yes, have you established written procedures or standards to comply with California's Claims Settlement Practices Regulation? .....  Yes  No*
  15. Do you ever contract with independent contractors to assist in the claims handling process? .....  Yes  No  
*If yes, do you:*
    - 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

**FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or

