

**ADMIRAL INSURANCE COMPANY**

6455 East Johns Crossing, Suite 240

Duluth, GA 30097

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Internet: <http://www.admiralins.com>

**CLAIMS APPRAISALS  
AND ADJUSTER  
SUPPLEMENTAL FORM**

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following. If the applicant is newly established, please advise best estimate.

Type	Percentage	Gross Revenues
Independent Claims Adjusting	_____ %	_____
Public Claims Adjusting	_____ %	_____
Appraisal: _____	_____ %	_____
Other: _____	_____ %	_____

2. Does the applicant: Provide details below for any "Yes" answers.

	YES	NO	% of Receipts
Adjust Aviation, Marine, Environmental, Construction, Petroleum Industry, or Medical Professional Pollution Liability claims?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adjust Catastrophic claims?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Negotiate or place structured settlements?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manage or administer any type of self insurance program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decline, accept or interpret coverage on behalf of any insurers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conduct surveillance and/or sub-rosa services as a means to investigate claims?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perform appraisals, serve process or provide any other services other than claims adjusting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carry weapons?	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Does the applicant have any authority to settle losses?  Yes  No

4. Please indicate for what lines and the amount of settlement authority for each.

\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate:

a) Average number of claims the applicant adjusts per year: \_\_\_\_\_

b) Average dollar value of the claims the applicant adjusts: \_\_\_\_\_

6. Have any personnel of the applicant ever had their licenses revoked or suspended or been fined or disciplined in any state insurance department?  Yes  No If "Yes", please provide details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

THIS CLAIMS ADJUSTERS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC OPERATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE