

The Warnock Agency, Inc.

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Specified Professions Professional Liability Product Claims Adjuster Supplemental Application

Please fill out the General Information Section, along with the section(s) you are requesting coverage.

Applicant's Name

If the Applicant is newly established, please provide best estimates

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following:

a. Independent Claims Adjusting %

b. Public Claims Adjusting %

c. Other %

Total 100%

2. a. Please provide a percentage breakdown of current 12 month Gross Receipts based upon area of specialty:

%

%

%

Total 100%

b. What percentage of Gross Receipts is derived from Workers Compensation claims? %

What percentage of Gross Receipts is derived from Medical Malpractice claims? %

c. Please list the top 3 states from which you derive the most revenue, including a breakdown from each state

State: % of revenue

State: % of revenue

State: % of revenue

3. Does the Applicant: *(Provide details below for any "Yes" answers).*

Negotiate or place structured settlements? No Yes % Number of Receipts

Manage or administer any type of self-insurance program? No Yes % Number of Receipts

Perform services as a Third Party Administrator? No Yes % Number of Receipts

Supervise litigation? No Yes % Number of Receipts

Provide claims investigation services No Yes % Number of Receipts

If "Yes, please provide details:

This Claims Adjuster Supplemental Application is attached to and forms part of the Professional Liability Application. This supplemental application is subject to the same provisions concerning representations made in the basic application.

Signature

Title

Date

Print Name

Document Signature Field