

PLEASE COMPLETE THIS SUPPLEMENTAL APPLICATION FOR THE PROFESSION SHOWN IN THE TITLE ABOVE. THIS IS A SUPPLEMENTAL APPLICATION TO THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101 (08/08) OR MEO102 (08/08) WHICH MUST BE COMPLETED AND ACCOMPANY THIS SUPPLEMENTAL APPLICATION. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED BY THE SAME PERSON WHO IS REQUIRED TO SIGN THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION.

THIS SUPPLEMENTAL APPLICATION ALONG WITH MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101 (08/08) OR MEO 102 (08/08) ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS SHALL SERVE AS THE BASIS FOR THE POLICY, AND SHALL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THE *INSURER* RELIES ON THE APPLICATION AND THIS SUPPLEMENTAL APPLICATION IN ISSUING THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

1. Applicant Name (SHOULD MATCH THAT GIVEN IN ANSWER TO QUESTION #1 OF THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101(08/08) OR #MEO102 (08/08)

2. Indicate what type of claims are handled and the percentage of total number of claims adjusted at present :

Auto Liability	_____ %	Professional Malpractice Liability	_____ %
Auto Physical Damage	_____ %	Ocean Marine/Admiralty Aviation	_____ %
Property & Inland Marine	_____ %	Workers' Compensation	_____ %
Fidelity & Surety	_____ %	Life, Health, Benefits	_____ %
Other	_____ %*	*Please describe _____	_____

3. Describe any specialty areas _____

4. Total number of adjusters and examiners (a) at present _____ (b) expected increase in next year _____

5. Average number of adjustments performed ANNUALLY for the past 3 years? _____

6. Average outstanding claim files at present _____

7. Average number of claim files per adjuster/examiner _____

8. Average dollar amount per loss adjusted \$ _____

9. Describe services performed for any self-insured group, captive, risk retention or risk purchasing group or any other type of self insurance or pooled risk program (check here if no such services performed: _____):

10. Do adjusters/examiners have authority to make coverage decisions? Yes No
If yes, please describe authority including name of grantor (s): _____

11. Do adjusters/examiners have authority to settle claims? Yes No
If yes, please detail maximum amount and other limitations:

12. Does Applicant engage in structuring and/or placement of structured settlements? Yes No
If yes, please provide details:

13. Does Applicant perform any public adjusting services on behalf of a claimant? Yes No
If yes, (a) provide details and (b) indicate estimated receipts :

14. List largest five insurance company clients (by revenue to your firm) for whom you are adjusting claims:
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____

15. Provide percentage of Applicant's revenue in past 12 months from the following; (must total 100%):
Insurance Companies _____%; Self Insured Accounts _____%; Public Adjusting _____%

16. Is the Applicant involved in any of the following?
(If yes to any of these listed below, please provide a detailed explanation)

Safety engineering or inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marine survey work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acting as a claims supervisor for any self- insureds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auditing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE SAME PERSON
REQUIRED TO SIGN AND DATE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION (FORM
#MEO 102(08/08) OR MEO 102(08/08)**

Signed: _____

Date: _____

MEO 107 (08/08)