NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

ADJUSTERS SUPPLEMENTAL APPLICATION FOR ERRORS AND OMISSIONS COVERAGE

1. Provide a breakdown showing the approximate percentages of your total operations:
   - Insurance Company adjusting ..... _____ %
   - Self Insured adjusting..... _____ %
   - Public adjusting ..... _____ %

2. Provide a breakdown of your total gross receipts that are derived from adjusting services in the following areas:
   - Liability (other than auto, aviation or professional) ..... _____ %
   - Auto Liability ..... _____ %
   - Aviation Liability ..... _____ %
   - Professional Liability ..... _____ %
   - Property (fire and allied lines) ..... _____ %
   - Auto Physical Damage..... _____ %
   - Workers Compensation ..... _____ %
   - Personal ..... _____ %
   - Commercial ..... _____ %
   - Other_____ ..... _____ %

   100%

3. Has the applicant been granted claim payment authority by any client? ..... ❑ Yes ❑ No
   If yes, provide details, including a copy of the contract(s).____
   _____

4. Does the applicant provide any of the following services:

			Gross Receipts
Third Party Administration	❑ Yes	❑ No	$ _____
Risk Management.....	❑ Yes	❑ No	$ _____
Insurance/Reinsurance Consulting or Sales	❑ Yes	❑ No	$ _____
Actuarial.....	❑ Yes	❑ No	$ _____

It is understood that this supplement becomes a part of the general application for Errors and Omissions Coverage.

FRAUD WARNING: 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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

_____	_____	_____
Date	Signature	Title