



Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

CLAIMS ADJUSTER PROFESSIONAL LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Sample contract used with clients
 - c. Professional qualifications (i.e. resume or c.v.) of key personnel
 - d. Expiring Declarations Page with retroactive date (if applicable)

II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : _____
2. Contact Name: _____ Contact Title: _____
Phone Number: _____ Email Address: _____
3. Year Business was established (MM/DD/YYYY): ____ / ____ / ____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____
6. Applicant's website: www. _____
7. Applicant is: Corporation Partnership Individual LLC Other _____
8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company? Yes No
If yes, are services provided to such organization(s)? Yes No
If yes, to either of the above, attached detailed explanation.

III. PROFESSIONAL SERVICES

1. Total Gross Revenues: (Please provide projections if a new business)

PROJECTED CURRENT YEAR	1 ST YEAR PRIOR	2 YEARS PRIOR
\$ _____	\$ _____	\$ _____

2. Please complete the following sections showing the approximate percentages of your total operations involving:
 - a. _____% Insurance Company Adjusting
 - b. _____% Self-Insured Adjusting
 - c. _____% Public Adjusting
 - d. _____% Other (Specify)

3. Please provide the approximate percentages of your total revenue derived from adjusting the following lines of insurance:
- | | |
|--------------------------------------|--|
| a. _____% Auto Physical Damage | g. _____% Professional Liability |
| b. _____% Auto Liability | h. _____% Property (Fire and Allied Lines) |
| c. _____% Aviation Liability | i. _____% Workers' Compensation |
| d. _____% Life Insurance | j. _____% Other (specify): _____ |
| e. _____% Premises/slip & fall, etc. | |
| f. _____% Products Liability | |
4. What percentage of your adjusting services involves Personal Lines business? _____%
5. What percentage of your adjusting services involves Commercial Lines business? _____%
6. Total Number of Employees: Full Time _____ Part Time _____ Subcontractors _____
7. What is the average length of claims adjuster experience, in years, per claims adjuster: _____ **yrs.**
8. Are licensing requirements met in all states where the Applicant firm adjusts claims? Yes No
If no, please explain: _____
9. Do all employees (including management) attend at least one educational seminar annually? Yes No
10. Is management active in daily operations? Yes No
11. Are codes and standards given to each claim adjuster? Yes No
12. Are printed standards of practice and code of ethics adhered to, and copies provided to all clients? Yes No
13. How does Applicant monitor CE credits for its claims adjusters? _____
14. How often are claims standards reviewed and modified by whom? _____
15. Are updates also distributed to claims adjusters? Yes No
16. What percentage of Applicant's business involves subcontracting work to others? _____%
- a. What operations are subcontracted: _____
- b. Are sub-contractors required to carry their own E&O insurance?
- c. **If yes**, what minimum limits are required of sub-contractors? _____
17. Do you have authority to settle claims on behalf of any client/ carrier? Yes No
If yes, what is your authority limit? \$ _____
18. Do you:
- a. have authority to deny claims on behalf of any client/carrier? Yes No
- b. have authority to deny coverage to a policyholder on behalf of your client/carrier? Yes No
- c. Have authority to handle litigation on behalf of your client/carrier? Yes No
19. For claims handled:
- a. What is the average paid claim value during the past 12 months? \$ _____
- b. Largest paid claim value during the past 12 months? \$ _____
- c. What is your current average open reserve? \$ _____
- d. What is your current largest open reserve? \$ _____
20. If you offer any services other than claims adjusting, please provide a narrative description: _____
- _____
- _____

21. Please indicate for each category where you have controls in place to guard against:
- Overpayments Underpayments Late Payments Payments from incorrect plan
 Payments to ineligible Unfair/unjust enrichment Improper refusal of benefits
 Failure to follow payment guidelines or procedures

Please describe all controls in place to handle suspicious or fraudulent claims: _____

22. Describe all steps taken to keep client information confidential: _____

23. Describe controls in place to decide who will have access to claim file information including medical and social security information: _____

24. Are all transactions between the adjuster, the insurance company, the insured claimant Yes No
 And others carefully documented?
If no, please explain why not: _____

25. What is the average length of time a typical claim file remains open? % ____

26. What is the average number of pending claims per adjuster per week? %

27. Does the Applicant utilize Structured Settlement Plans?

If yes, what percentage of settlements are Structured Settlement Plans? _____%

28. List all states where you adjusted claims during the past 12 months: _____

29. How is the State Department of Insurance Complaints handled? _____

30. How many complaints have you had in the past twelve (12) months and how were they resolved?

31. Describe your billing arrangements (i.e., hourly fee, task billing, other special arrangements): _____

32. Within the past five (5) years, has the firm performed any professional services for any client in which any shareholder, officer, or employee of the firm has had any ownership interest, or which he/she controlled, operated or managed to any extent?

33. Do all of your insurance company clients contractually agree to provide you with legal Yes No representation if you are named as a defendant in bad faith or negligence claim associated with one of their policies/ claims?

If no, please provide the name of each insurance company that does not agree to provide legal representation and the associated percentage of your gross revenue generated by this company.

NAME OF COMPANY	PERCENTAGE OF REVENUE

IV. INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force? Yes No

If yes, provide:

Description of services being covered: _____

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: \$100k/\$300k \$250k/\$250k \$500k/\$500k
 \$1M/\$1M \$2M/\$2M Other: _____

Requested Deductible: \$2,500 \$5,000 \$10,000 Other: _____

3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? Yes No

If yes, please explain why: _____

4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If yes:

a. How many claims have been made in the past five (5) years: _____

b. Complete a separate Supplemental Claim Application for each claim.

5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? Yes No

If yes, provide full details: _____

6. Does the Applicant carry General Liability Insurance: Yes No

If yes, provide:

a. Insurer: _____

b. Limits: _____

c. Does the coverage include Products/ Completed Operations Hazards? Yes No

V. FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
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 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.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VI. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

VII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding

quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:	_____	