



Kinsale Insurance Company  
 P. O. Box 17008  
 Richmond, VA 23226  
 (804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

## CLAIMS ADJUSTERS ERRORS & OMISSIONS APPLICATION

### APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: \_\_\_\_\_
  2. Please list all other business/dba names for which you are seeking coverage under this policy: \_\_\_\_\_
  3.  Corporation     Individual     Partnership     Municipality     For Profit     Joint Venture  
 Other: \_\_\_\_\_
  4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): \_\_\_\_\_
  5. Primary location address: \_\_\_\_\_
  6. County of primary location: \_\_\_\_\_ Date business originally established: \_\_\_\_\_
  7. Total number of branches? \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_
  8. What is your web-site address? www. \_\_\_\_\_
  9. What is your phone number? \_\_\_\_\_
  10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years?  Yes  No
  11. Does any entity own or control your business or does your business own or control any entity?  Yes  No
  12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you?  Yes  No
- For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Please list any professional organizations, associations or societies of which you are a member: \_\_\_\_\_
  14. Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last 5 years?  Yes  No
  15. Is the firm owned or controlled by any other firm or individual?  Yes  No
  16. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business?  Yes  No
  17. Has any license held by the firm or any individual ever been suspended or revoked?  Yes  No
- For each "Yes" response to any of the above questions, please submit a signed/dated narrative explanation with this application.**

### GENERAL INFORMATION

1. A. Total Gross Fees: Last Year \$ \_\_\_\_\_ This Year (estimated) \$ \_\_\_\_\_
  - B. Total Payroll: Last Year \$ \_\_\_\_\_ This Year (estimated) \$ \_\_\_\_\_
  - C. For the past 12 months, or for the next 12 months, do any of your clients account for 25% or more of your gross revenue?  Yes  No
- If "Yes", provide the percentage of billings associated with this client and describe the nature of the work performed for each client.** \_\_\_\_\_ %    Work Performed \_\_\_\_\_



2. Please complete the following sections showing the approximate percentages of your total operations involving:
- a. \_\_\_\_\_ % Insurance Company Adjusting \_\_\_\_\_ % of work due to catastrophe
  - b. \_\_\_\_\_ % Self-Insured Adjusting \_\_\_\_\_ % of work due to catastrophe
  - c. \_\_\_\_\_ % Public Adjusting \_\_\_\_\_ % of work due to catastrophe
  - d. \_\_\_\_\_ % Other (Please explain): \_\_\_\_\_ % of work due to catastrophe
- 100 % Total

3. Indicate the approximate percentages of your total revenue derived from adjusting the following lines of insurance:
- a. \_\_\_\_\_ % Auto Physical Damage \_\_\_\_\_ % of work due to catastrophe
  - b. \_\_\_\_\_ % Auto Liability \_\_\_\_\_ % of work due to catastrophe
  - c. \_\_\_\_\_ % Aviation Liability \_\_\_\_\_ % of work due to catastrophe
  - d. \_\_\_\_\_ % Life Insurance \_\_\_\_\_ % of work due to catastrophe
  - e. \_\_\_\_\_ % Premises/slip & fall, etc. \_\_\_\_\_ % of work due to catastrophe
  - f. \_\_\_\_\_ % Products Liability \_\_\_\_\_ % of work due to catastrophe
  - g. \_\_\_\_\_ % Professional Liability \_\_\_\_\_ % of work due to catastrophe
  - h. \_\_\_\_\_ % Property (Fire and Allied Lines) \_\_\_\_\_ % of work due to catastrophe
  - i. \_\_\_\_\_ % Workers' Compensation \_\_\_\_\_ % of work due to catastrophe
  - j. \_\_\_\_\_ % Other: (describe) \_\_\_\_\_
- Total: 100 %**

4. What percentage of your adjusting services involves Personal Lines business? \_\_\_\_\_ %

5. What percentage of your adjusting services involves Commercial Lines business? \_\_\_\_\_ %

6. What percentage of applicant's business involves subcontracting work to others? \_\_\_\_\_ %  
 Cost of subcontracted work \_\_\_\_\_ What operations are subcontracted? \_\_\_\_\_

Are sub-contractors required to carry their own E&O insurance?  Yes  No

If "Yes," what minimum limits are required of sub-contractors? \_\_\_\_\_

7. Please list all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members. See the end of the application for additional blank space, if needed.

| Name | Title | Years of claims examining experience |
|------|-------|--------------------------------------|
|      |       |                                      |
|      |       |                                      |
|      |       |                                      |
|      |       |                                      |
|      |       |                                      |
|      |       |                                      |
|      |       |                                      |

8. Education, Training, Management:
- A. Please attach a resume for each owner, partner, principal and professional/technical employee.  Yes  No
  - B. Do all employees (including management) attend at least one educational seminar annually?  Yes  No
  - C. Is educational material presented to, and reviewed with all employees at least semi-annually?  Yes  No
  - D. Is management active in daily operations?  Yes  No
  - E. Are staff meetings held at least bi-weekly?  Yes  No
  - F. Are codes and standards given to each claim adjuster?  Yes  No
  - G. Are printed standards of practice and code of ethics adhered to, and copies provided to all clients?  Yes  No
  - H. How does applicant monitor CE credits for its claims adjusters? \_\_\_\_\_



I. How often are claims standards reviewed and modified and by whom? \_\_\_\_\_

J. Are updates also distributed to claims adjusters?  Yes  No

**Please enclose any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.**

9. Do you have authority to settle claims on behalf of your client/carrier?  Yes  No  
If "Yes," what is your authority limit? \$ \_\_\_\_\_

10. A. Do you have authority to deny liability for claims on behalf of your client/carrier?  Yes  No  
B. Do you have authority to deny coverage to a policyholder on behalf of your client/carrier?  Yes  No  
C. Do you have authority to handle litigation on behalf of your client/carrier?  Yes  No

If "Yes" to A, B or C, please outline the level of such authority for each. \_\_\_\_\_

11. A. For claims handled, 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? \$ \_\_\_\_\_

12. If you offer any services other than claims adjusting, please provide a narrative description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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                       Fraudulent claims

Please describe all controls in place to handle suspicious or fraudulent claims. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. A. Describe all steps to keep client information confidential: \_\_\_\_\_  
\_\_\_\_\_  
B. Describe the controls in place to decide who will have access to claim file information including medical and social security information: \_\_\_\_\_  
\_\_\_\_\_

15. Are all transactions between the adjuster, the insurance company, the insured claimants and others carefully documented?  Yes  No

**If "No," please explain why not:** \_\_\_\_\_

16. What is the average length of time a typical claim file remains open? \_\_\_\_\_

17. What is the average number of pending claims per adjuster per week? \_\_\_\_\_

18. Does the applicant utilize Structured Settlement Plans?  Yes  No

**If "Yes," what percentage of settlements are Structured Settlement Plans?** \_\_\_\_\_ %



19. List all states where you adjusted claims during the past 12 months: \_\_\_\_\_  
 \_\_\_\_\_
20. List any additional states where you will be adjusting claims during the next 12 months: \_\_\_\_\_  
 \_\_\_\_\_
21. A. Describe how State Department of Insurance complaints are handled. \_\_\_\_\_  
 \_\_\_\_\_
- B. How many complaints have you had in the past 12 months and how were they resolved? \_\_\_\_\_  
 \_\_\_\_\_
22. Please describe your billing arrangements (i.e., hourly fee, task billing, other special arrangements). \_\_\_\_\_  
 \_\_\_\_\_

23. Are licensing requirements met in all states where the applicant firm adjusts claims?  Yes  No  
**If "No," please explain:** \_\_\_\_\_

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

| Client Name | Type of Business | Ownership % | Capacity | Dates of work | % of annual revenue |
|-------------|------------------|-------------|----------|---------------|---------------------|
|             |                  |             |          |               |                     |
|             |                  |             |          |               |                     |
|             |                  |             |          |               |                     |

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

**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 | Past 12 Months | Next 12 Months |
|-----------------|-----------------------|----------------|----------------|
|                 |                       |                |                |
|                 |                       |                |                |
|                 |                       |                |                |

26. Provide your firm's recent insurance history below:

|                 | Insurance Company | Limits Per Claim/Aggregate | Policy Period (Month/Day/Year) | Annual Premium |
|-----------------|-------------------|----------------------------|--------------------------------|----------------|
| Current Year    |                   |                            |                                |                |
| Previous Year 1 |                   |                            |                                |                |
| Previous Year 2 |                   |                            |                                |                |
| Previous Year 3 |                   |                            |                                |                |
| Previous Year 4 |                   |                            |                                |                |

27. If you are currently insured for professional liability coverage, what is your policy's retroactive date? (month/date/year)?  
\_\_\_\_/\_\_\_\_/\_\_\_\_ If there is no retroactive date, please check here.

**If requesting prior acts coverage you will be asked 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.**

28. Are you being canceled or non-renewed by your current professional liability carrier?  Yes  No  
If Yes, please explain why: \_\_\_\_\_

29. Requested Limits:  \$100,000/\$300,000  \$500,000/\$500,000  \$300,000/\$600,000   
\$1,000,000/\$1,000,000  Other \$ \_\_\_\_\_ /\$ \_\_\_\_\_

Requested Deductible (Per Claim):  \$2,500  \$5,000  \$10,000  Other \_\_\_\_\_

30. After inquiry with each person as appropriate, in the last five (5) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm?  Yes  No

**If "Yes," how many? \_\_\_\_\_ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.**

31. After inquiry with each person as appropriate, do you, or any of your partners, officers, directors, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a claim?  Yes  No

**If "Yes," how many? \_\_\_\_\_ If "Yes," please complete a separate Supplemental Claim Form for each potential claim and provide as much details as possible.**

32. After inquiry with each person as appropriate, has an attorney for who coverage is sought ever been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been subject of a disciplinary complaint made to any of the aforementioned entities?  Yes  No

**If "Yes," please provide a copy of the Bar complaint, your response, and a copy of their decision.**

33. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or non-renewed?  Yes  No

**If "Yes", please provide explanation:** \_\_\_\_\_  
\_\_\_\_\_

34. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency, regulatory authority, professional association or other regulatory body as a result of professional activities?  Yes  No

**If "Yes," please provide explanation:** \_\_\_\_\_  
\_\_\_\_\_

35. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years?  Yes  No

**If "Yes," please complete a separate Supplemental Claim Form for each claim or suit.**



36. Is the firm aware of any circumstances or any allegations of contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals?  Yes  No

**If "Yes", please complete a separate Supplemental Claim Form for each incident.**

31. Membership(s) in Professional Organizations, Associations and Societies:  Yes  No  
 Name(s) of organization: \_\_\_\_\_

32. Has any person or organization requested to be added to your policy as an additional insured?  Yes  No

**If "Yes":**

Person/Organization \_\_\_\_\_ Interest/Reason \_\_\_\_\_  
 Address: \_\_\_\_\_

33. E & O coverage provided to the firm for the past five years:

| From/To | Carrier | Limit | Deductible | Premiums | Retroactive Date |
|---------|---------|-------|------------|----------|------------------|
|         |         |       |            |          |                  |
|         |         |       |            |          |                  |
|         |         |       |            |          |                  |
|         |         |       |            |          |                  |

34. **Coverage Requested:**

Requested Effective Date \_\_\_\_\_ Requested Retroactive Date \_\_\_\_\_  
**(If prior acts coverage is desired, a copy of current policy declarations must be attached.)**

Limits of Liability:  \$100,000/\$100,000  \$300,000/\$300,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000  
 Other \_\_\_\_\_

Deductible:  \$1,000  \$2,500  \$5,000  \$10,000

35. **Supplemental Information** (Use this area to provide additional information)

| Question # | Additional Information |
|------------|------------------------|
|            |                        |
|            |                        |
|            |                        |
|            |                        |

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.



**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant 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 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.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

