

# Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax: 610.617.7940

## PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS CLAIMS ADJUSTER SUPPLEMENT

Instructions:

- A. Please answer ALL the questions. If more space is required to answer a question, continue on applicant's letterhead.  
B. This supplement must be signed and dated by a principal, partner, or officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Give approximate percentage of revenues derived from the following lines of business:

Insurance Claims Adjustment			
Life Insurance	_____ %	Health Insurance	_____ %
Personal Property & Casualty			
Personal Auto Insurance	_____ %	Homeowner's Insurance	_____ %
Other: _____	_____ %		
Commercial Property & Casualty			
Commercial Auto	_____ %	Workers Compensation	_____ %
Inland Marine	_____ %	Commercial Multi-Peril	_____ %
Wet Marine	_____ %	Products Liability	_____ %
Professional Liability	_____ %	Other Commercial Property	_____ %
Aviation	_____ %	Other: _____	_____ %
Providing Cost/Risk Management Service			_____ %
Providing Cost/Risk Management Consulting Services			_____ %
Claims Auditing			_____ %
Other: (use attachment if necessary) _____			_____ %
			_____ %
		TOTAL	100%

2. What is the average length of claims examining experience in years per claims examiner? \_\_\_\_\_
3. If your operation contains controls to guard against the following, please indicate:
- |                                    |  |                                |
|------------------------------------|--|--------------------------------|
| _____ 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 |                                |
4. Does your computer system print checks? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. What is the average claims turnaround time in working days during the last twelve months? \_\_\_\_\_
6. What number of files are handled per adjuster per week? \_\_\_\_\_
7. What percentage of claims are processed within fifteen calendar days? \_\_\_\_\_  
What percentage of denials were appealed in the past twelve months? \_\_\_\_\_
8. Does the Applicant utilize Structured Settlement Plans? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what percentage of settlements are Structured Settlement Plans? \_\_\_\_\_ %

THIS CLAIMS ADJUSTERS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_