



COVER-PROSM APPLICATION
CLAIMS ADJUSTER SUPPLEMENT

1. Full name of the Applicant Firm:
2. Provide the percentage of the Applicant's gross annual revenue derived from the following lines of business:

Insurance Claims Adjustment

Life Insurance % Health Insurance %

Personal Property & Casualty

Personal Auto Insurance: % Homeowner's Insurance: %

Commercial Property & Casualty

Commercial auto: % Workers Compensation: %

Inland Marine: % Commercial Multi-Peril %

Wet Marine: % Products Liability: %

Professional Liability: % Other Commercial Property: %

Aviation: % Medical Malpractice: %

Stop Loss: % Reinsurance: %

Other: %

Providing Cost/Risk Management Services: %

Providing Cost/Risk Management Consulting Services: %

Claims Auditing: %

Other (specify): %

Other (specify): %

TOTAL MUST EQUAL: 100 %

3. What percentage of the Applicant's number of annual clients are insurance carriers and/or self insured entities: %
What percentage of the Applicant's number of annual clients are policyholders: %
4. What is the average length of claims adjuster experience, in years, per claims adjuster: yrs.
5. Does the Applicant have pre-authorization from insurance company and/or self insured clients to settle claims? Yes No
If yes, up to what dollar value: \$
6. Does the Applicant's operation contain[s] controls to guard against the following? Check all that apply.
Overpayments Payments to ineligible
Underpayments Unfair/Unjust enrichment
Late payments Improper refusal of benefits
Payments from incorrect plan Failure to follow payment guidelines or procedures
7. Does the Applicant's computer system print checks? Yes No
If yes, are two signatures required on printed checks? Yes No
If so, over what amount: \$
8. What is the average claims turnaround time, in working days, during the last twelve (12) months:
9. What number of files is handled per adjuster, per week:

- 10. What percentage of claims is processed within fifteen (15) calendar days: %
- 11. What percentage of denials were appealed in the past twelve (12) months: %
- 12. Does the Applicant utilize structured settlement plans? Yes No
 If yes, what percentage of settlements are structured settlement plans: %
- 13. Provide a list of all state(s) in which the Applicant provides claims adjuster services:

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-ProSM application and is subject to the same conditions as stated on that application.

Name (Please Print/Type)

Title (MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)

Signature

Date

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date