

CLAIMS ADJUSTING SUPPLEMENT  
Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



\_\_\_\_\_  
Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Commercial Lines	_____ Percentage	<b>TOTAL should equal 100%</b>
Personal Lines	_____ Percentage	

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Auto Liability	_____ Percentage	<b>TOTAL should equal 100%</b>
Aviation Liability	_____ Percentage	
General Liability	_____ Percentage	
Professional Liability	_____ Percentage	
Auto Physical Damage	_____ Percentage	
Property	_____ Percentage	
Marine	_____ Percentage	
Other _____ Describe	_____ Percentage	

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Insurance Company Adjusting	_____ Percentage	<b>TOTAL should equal 100%</b>
Self-Insured Adjusting	_____ Percentage	
Other _____ Describe	_____ Percentage	

**Does your firm have authority to settle claims on behalf of insurers?**

Yes  No

If yes please provide: \_\_\_\_\_  
Client Name  
\_\_\_\_\_  
Relationship with client  
\_\_\_\_\_  
Settlement Authority Limit

