

COVER-PROSM APPLICATION
 CLAIMS ADJUSTER SUPPLEMENT

1. Full name of the Applicant Firm:

2. Give the percentage the Applicant's gross annual revenue that is 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: % 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 is the average length of claims examining experience in years per claims examiner? yrs

4. 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

5. Does your computer system print checks? Yes No

6. What is the average claims turnaround time in working days during the last twelve months?

7. What number of files is handled per adjuster per week?

8. What percentage of claims is processed within fifteen (15) calendar days? %

8a. What percentage of denials were appealed in the past twelve (12) months? %

9. Does the Applicant utilize structured settlement plans? Yes No If yes, what percentage of settlements are structured settlement plans? %

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.

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 the application.

Name (Please Print)

Title **(Must be Principal, Partner or Officer)**

Signature

Date