

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

ADDITIONAL QUESTIONNAIRE FOR CLAIMS ADJUSTERS

To be completed with SUM Insurance Miscellaneous Errors and Omissions Application

1. FULL NAME OF THE APPLICANT: _____

2. LIST OF INSURERS FOR WHICH YOU WORK, WITH APPROXIMATE PERCENTAGE OF FEES FOR EACH:

_____ %
_____ %
_____ %
_____ %

3. DO YOU WORK FOR INSURED, OR CLIENTS OTHER THAN INSURERS?

Yes No If Yes, please give details:

4. DO YOU PROVIDE SERVICES OTHER THAN THOSE OF A CLAIM ADJUSTER?

Yes No If Yes, please give details:

5. PLEASE SHOW PERCENTAGE OF FEES FOR EACH OF FOLLOWING:

Jewelry: _____% Inland Marine: _____%

Furs: _____% Bonds: _____%

Property: _____% Marine: _____%

Liability: _____% Aviation: _____%

Other (specify): _____%

Signature of Applicant: _____

Dated: _____

Print Name and Title: _____