

Reliable Adjusting Company Enterprises
5213 Main St. Anderson, Indiana 46013
Phone 765 640-9222 Fax 765 640-9223
Adjuster Questionnaire

Instructions

1. Complete and sign the attached questionnaire and subcontractor agreement.
2. Send the completed forms along with copies of your driver's license, professional licenses, and proof of worker's compensation insurance and E&O insurance (if you have coverage) to Reliable. If your resume contains additional information please include it as well.

Fax: 888-276-1811

Email: HR@ReliableAdjusting.com

Mail: Attn – Human Resources, 5213 Main Street, Anderson, IN 46013

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General Information

I am interested in working as: ☐ Field adjuster only ☐ Desk adjuster only ☐ Either

Last Name _____ First Name _____ Middle Initial _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home # _____ Mobile # _____ Alternate # _____

Alternate # _____ Fax # _____ E-Fax # _____

E-Mail Address _____

Married Y/N _____ Spouse Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Social Security # _____ Tax ID # _____

Date of Birth _____ Place of Birth _____

Education

Type	Year Graduated	School Name	Location	Degree/Major
High School				
College				
Graduate School				
Other				

State Licenses (Drivers and Professional)

Type	License #	State	Issue Date	Expiration Date
Drivers License				

Have you ever had a professional license refused or revoked? Y/N If yes, explain_____

Training and Certifications

Type (Hail Assessment, Estimating System, Flood, etc.)	Date	Issuer or Trainer

List memberships in professional societies and associations (NAIIA, etc.)_____

List professional designations (AIC, CPCU, RPA, etc.)_____

Estimating Systems:

Xactimate: ☐ Willing to learn ☐ Some experience ☐ Very experienced ☐ Used XactNet

Integriclaim: ☐ Willing to learn ☐ Some experience ☐ Very experienced ☐ Used ComCentral

Skills

Rate yourself on computer literacy with 5 being the highest. 1 2 3 4 5

Primary Language _____ Other Languages _____

Rate your skills on each of the following from 0 to 5 with 5 being the highest and 0 meaning no experience:

_____ Auto Appraisals	_____ Flood	_____ Mobile Homes
_____ Auto Liability	_____ General Liability	_____ Property (Personal Lines)
_____ Boat physical damage	_____ Hail	_____ Property (Commercial)
_____ Business Income	_____ Heavy Equipment	_____ Workman's Comp.
_____ Earthquake	_____ Inland Marine	

Rate yourself on knowledge of insurance policies, endorsements and your ability to interpret the coverage from 1 to 5 with 5 being the highest

_____ Personal Lines
_____ Commercial Lines

What is the highest dollar estimate amount that you are comfortable writing? _____

Experience

Insurance Carrier	Adjusting Firm	Contact Name	Contact #	Date	Job Description	# Claims Handled (cat only)

May we contact the people above? Y/N____

How many years of insurance claims experience do you have?_____

Do you have experience working inside as a desk adjuster? Y/N If yes, for what carrier and describe the type of work (regular desk claims, mold, holdback processing, etc.)_____

Have you ever worked as a staff adjuster for an insurance company? Y/N If yes, for whom and how many years?_____

Background

Have you ever been convicted of a felony? Y/N If yes, date convicted and explain._____

Do you have any interest, ownership, or affiliation with any construction, repair, remediation or remodeling firm? Y/N If yes, explain._____

Other

My E & O Carrier is _____ Limit \$ _____ Expiration date _____

My Workman's Comp. Carrier is _____ Expiration date _____

I understand and agree that if I accept claims assigned by Reliable, that I will not assign to any other adjuster and that I will make my own inspections and do my own estimating. Y/N____

Some of our clients require that background checks be conducted on adjusters handling their losses. Are you agreeable to us running a background check on you? Y/N____

Are you physically able and willing to climb roofs? Y/N____

Comments_____

Signed_____ Date_____

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Subcontractor Agreement

This agreement between _____, as "Subcontractor" and Reliable Adjusting Company Enterprises, Inc. as "Contractors", witness as follows:

1. That the Contractors furnish adjusters to handle claims for Insurance Companies.
2. That Subcontractor is to be paid by Contractor to handle claims based on a percentage schedule or on specific instances, paid by "day rate" or "day rate plus".
3. The Subcontractor is to furnish his/her own automobile and warrants to the Contractor that he or she has a valid driver's license with no restrictions other than those so stated on said license. The Subcontractor also warrants that he/she carries Public Liability and Property Damage Insurance on the vehicle that is used in the course of his/her work.
4. Subcontractor is aware of their obligation to report all income derived from this agreement to the IRS on an annual basis, and that no income withholding is done regarding any income taxes or unemployment taxes.
5. Carriers require that Subcontractors be covered by worker's compensation insurance. Subcontractors are responsible for his/her own insurance. If Subcontractor does not provide proof of insurance, coverage will be provided by Contractor, and Subcontractor will be charged at the current rate. This charge will be deducted from Subcontractor's pay.
6. This agreement can be terminated by either part upon the giving of notice in writing or orally.

The parties hereto affix their signatures to this agreement below and agree to the terms and conditions so stated.

Subcontractor _____ Date _____

Contractor _____ Date _____