

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				

Licenses (Drivers and Professional)

Type	License #	State	Issue Date	Expiration Date
Driver's License				
Designated Home State Adjuster 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

Symbility: Willing to learn Some experience Very experienced

Skills

Rate yourself on computer literacy from 1 to 5 with 5 being the highest _____

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 ___
Were you referred by another adjuster that works with us? Y/N ___ If so, who? _____

Comments _____

Signed _____ Date _____

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Subcontractor Agreement

This agreement between _____, as “Subcontractor” and Reliable Adjusting Company Enterprises, Inc. as “Contractor”, witness as follows:

1. That the Contractor furnishes 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 party upon the giving of notice in writing.
7. For any Subcontractor computer that stores “Sensitive Personal Information” relating to claims assigned by the Contractor, the adjuster shall have the device secured by a strong password, have enabled/current anti-virus, have an enabled firewall, enabled web browser filter (such as Microsoft’s built-in SmartScreen), and enabled hard drive encryption (such as Microsoft’s built-in BitLocker).
8. Subcontractor shall allow reasonable access to devices that contain data mentioned in item 7 above in the event of a cybersecurity event to allow forensic analysis of a possible data breach.
9. When Subcontractor disposes of any printed copies of subject data under item 7 above, such material shall be disposed in a secure fashion.
10. Items 7 through 9 shall survive any termination of this agreement.

Subcontractor Name _____

Subcontractor Signature _____ Date _____