



PRONET INTERNATIONAL, INC.

"Your Source for Insurance Professionals"

Application for Membership Independent Adjuster

1. Company Name: _____

2. Years in Business: _____

3. Principal Location: _____

4. Branch Locations: _____

5. Territories Covered: _____

6. Phone: (____) ____ - ____ 7. After-hours Phone: (____) ____ - ____ 8. Fax: (____) ____ - ____

9. Email / Website: _____

10. Organization Type: _____
(e.g. Sole Proprietorship, Partnership, Cooperation, Franchise, etc.)

11. Please list any entities that own or have any interest in the applicant firm:

Firm Name: _____

Address: _____

Principal: _____ Title: _____

Services Provided: _____

12. Please indicate lines of insurance in which the applicant firm is qualified to service:

- | | | | |
|----------------------|--|-----------------------|--|
| Automobile Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Inland Marine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property Damage | <input type="checkbox"/> Yes <input type="checkbox"/> No | Marine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bodily Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workers' Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| General Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Errors & Omissions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heavy Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Malpractice | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aviation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Long Haul | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage Questions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cargo | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other (please describe) Yes No _____

13. Please list adjusting software applications used:

a) Office Administration: _____

b) Automotive Appraisal: _____

c) Property Appraisal: _____

14. Please indicate the total number of employees at the applicant's firm: _____

15. Please list your adjusting staff:

<u>Adjusting Personnel</u> (Including Owners, Partners, & Officers)	<u>Years Experience</u>	<u>Lines Qualified to Adjust</u>

16. Is your adjusting staff licensed in those territories requiring licensing? Yes No

If yes, please list licenses and identify the territories:

17. Please list any existing members of ProNet International, Inc. who are affiliated with this applicant:

18. Please list alphabetically six of your clients. This list can include, but is not limited to, insurance companies/agencies, self-insureds, and third party administrators. Indicate full name and address of company, telephone number, name of company Claims Supervisor or other contact, and number of years applicant has represented the company.

<u>Company Name & Complete Address</u>	<u>Company Telephone #</u>	<u>Contact Name</u>	<u>Years Represented</u>

19. Is the applicant a member of any other adjusting group, association, or network? Yes No If yes, please list:

20. Please list your firm's professional affiliations:

21. Have any claims been made against your company? Yes No

22. Has your Company ever been sued? Yes No

23. Who is your current E & O carrier?

24. What are the limits of your current E & O Coverage?

25. Have you ever been denied E & O Coverage? Yes No If yes, please explain:

CONDITIONS AND AGREEMENTS:

I understand that submission of this application to ProNet International, Inc. is for consideration only and does not mean that membership is guaranteed. I give ProNet International, Inc. permission to check references and make reasonable inquires as to the representations made on this application in assessing my candidacy for membership. If my application is accepted, I agree to abide by the standards and guidelines set forth by ProNet International, Inc., its affiliates, subsidiaries, and Web site. I also understand that failure to do so could result in termination of my membership without refund.

Further, I understand that joining ProNet International, Inc. does not guarantee me business. However, I understand that ProNet International, Inc. does guarantee to put forth its best efforts to diligently advertise and market my company and other ProNet International, Inc. members in order to establish new business for me and in accordance to ProNet International, Inc. standards.

As a condition of my membership, I will inquire as to how new business was referred to me. I understand that if new business is a result of my affiliation with ProNet International, Inc. that I will report this information to the ProNet International, Inc. Further, I agree to pay all membership dues within 30 days of invoice for claim assignments received as a result of my affiliation with ProNet International, Inc.

Signature (For the Company)

Date

When finished, please fax or mail the completed application to:

ProNet International, Inc.
410 Sovereign Ct., Unit 8
Ballwin, MO 63011
Fax: 636-391-3903