

For Department Use Only License _____ Effective Date _____ WS # _____	State of California Individual Adjuster Application For Insurance License (Type or print clearly)	Attach two recent 1 ¼ x 1 ¼ Passport Photographs
Read the instructions on page 4 before completing this application.		

① **License Type** (chose one only):

Insurance Adjuster (Independent) (AJ)
 Public Insurance Adjuster (PJ) **
 Interim Public Insurance Adjuster (PI) (Residents Only)

② Name: Last Name First Name Full Middle Suffix ③ Male Female ④ Birthdate mm/dd/yyyy

⑤ Check One: California Resident Nonresident: (Non-resident is not available for Interim Public Adjuster)

⑥ Identification Information: Social Security Number (SSN)* _____
 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

⑦ Resident Address for last two years (PO Box **not** acceptable) ⑧ City ⑨ State ⑩ Zip Code
 Street: _____ Apt _____

⑪ Home Phone Number () ⑫ Are you a citizen of the United States? (check one) Yes No
 (If no, you must supply a copy of both sides of your work authorization)

⑬ Principal Business Address (PO Box **not** acceptable) ⑭ City ⑮ State ⑯ Zip Code
 Street: _____ Suite # _____

⑰ Business Phone Number () ⑱ Business Fax Number () ⑲ E-mail Address (required) ⑳ Business Website Address

㉑ Mailing Address (PO Box is acceptable) ㉒ City ㉓ State ㉔ Zip Code

㉕ **Special Accommodation Request for Examination**
 (In Compliance with the Americans with Disabilities Act)

Do you have a disability/impairment for which you may need assistance during the examination(s)? Yes No

If Yes, you are required to submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted, with the application on the letterhead of the authority or specialist, and include the following:

- Description of the disability and limitations related to the testing
- Reommended accommodation/modification
- Name, title, and telephone number of the medical authority or specialist
- Original Signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

㉖ **Examination Information:**

After your license application is received and processed, CDI will contact you by email or telephone with the procedure to schedule your license examination using PSI's license examination scheduling services.

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b).
 ** The person in charge of the business (qualified manager) must pass a written examination.

27 Employment History

Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State					
Name					
City State					
Name					
City State					

(B) If your employment record is to be used to determine your experience eligibility for this license, attached a separate signed statement detailing the duties performed and the time spent performing such duties..... Yes No

(C) Do you have two years certified experience in the insurance adjusting field? Yes No
(2,000 hours of compensated time in the adjusting field is equal to one year of experience)

28 Do you now hold, or have you ever held any license/permit under which you engaged in any occupation? Yes No
If yes, list license/permit

Type of License/Permit	State or Province	Date License Held	Is License in Force?

29 Aka/Alias

Are you now using or have you ever used any name other than shown? Yes No
If yes, list names, dates and reason(s)

Last	First	Middle	Suffix	Dates Used	Reason Used

30 Insurance Adjuster and Public Insurance Adjuster Applicants only :

Do you intend to use a fictitious name (dba) to conduct your adjuster business? Yes No
If Yes, list such name: _____
(This name must be approved by the Department prior to use.)

31 Insurance Adjuster Applicant Only: Will you be the qualified manager of your business?..... Yes No

A. If no, list below the name and social security number of the qualified manager and attach a Personal Identification Information form LIC 31A-9.

Last	First	Middle	Social Security Number

B. List the full name and social security number of each employee who will be authorized to negotiate claim settlements.
(Attach a separate sheet if additional space is needed.)

Last	First	Middle	Social Security Number

32 Public Insurance Adjuster only:

- A. Authorization Application form LIC 100A, with fee, must be submitted to the Department for each person employed by you to settle claims.
- B. Attach a copy of the contract you will use in your business. Contract must be approved by the Department prior to issuance of the license. Sample Contract Form available on the CDI website.

33 Interim Public Adjuster Applicant only:

Print the full name and license number of the Public Adjuster for whom you are employed.

Employer's Licensed Name	License Number

- A. An Authorization Application form LIC 100A from your employer, with the required fee, must be attached to this filing.
- B. Attach a copy of the contract you will use, contract must be approved by the Department prior to issuance of license.

Background Information

If you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

34 1. Have you ever been convicted of a felony? Yes No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this background question, you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of any violation of 18 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must attach a copy of this consent. If you have not obtained this written consent you must do so prior to filing your application.

2a. Have you ever been convicted of a felony involving dishonesty or a breach of trust? Yes No

2b. If "Yes", have you received consent from the California Insurance Commissioner? Yes No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answered "Yes" to background question 2a, you must attach to this application:

- a) written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

3. Have you ever been convicted of a misdemeanor? Yes No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this background question, you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

4. Have you ever been convicted of a military offense? Yes No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this background question, you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge;
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

5. Are you currently charged with committing a crime? Yes No

"Crime" includes a felony, a misdemeanor or a military offense. You may exclude traffic citations but should include driving offenses such as, but not limited to, reckless driving, driving under the influence and driving with a suspended license.

If you answer "Yes" to this background question you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances of each charge; and
- b) certified copies of the charging documents.

Background Information

If you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

6. Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license? Yes No

For the purpose of this application, "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "Yes" to this background question you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances explaining the circumstances of each disciplinary incident; and,
- b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment.

7. Has any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license? Yes No

For the purpose of this application, "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "Yes" to this background question you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and
- b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment.

8. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? (only include bankruptcies that involve funds held on behalf of others)..... Yes No

If you answer yes, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

9. Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No
If you answer yes, identify the jurisdiction(s): _____

10. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

If you answer "Yes" to this background question, you must attach to this application:

- (a) written statement, with original signature, summarizing the details of each incident,
- (b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
- (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

11. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answer "Yes" to this background question, you must attach to this application:

- (a) written statement, with original signature, summarizing the details of each incident and
- (b) explaining why you feel this incident should not prevent you from receiving an insurance license, and
- (c) copies of any relevant documents.

35 Applicant's Certification:

I represent that the holding of the license hereby applied for is not prohibited the laws, rules or regulations of any Federal, State, County, or Municipal Government by which I am currently employed (if any) or by which my employer or I am licensed (if any).

I certify under penalty of perjury that I have read the forgoing application and know the contents thereof and that each statement therein made is full, true and correct, and I agree to notify the insurance commissioner of any change in the matters set forth in this application. I understand that pursuant to sections 1668 (h) and 15039 (a) of the Insurance Code any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to insurance code sections 15028.6 and government code 7473, I authorize disclosure to the insurance Commissioner of all Financial Institution Records of any Fiduciary Accounts for the duration of this license.

All filing fees are not refundable whether or not the application is acted upon or an examination taken.

Applicant's signature: ► _____ City _____ Date: _____

Instructions for Completing individual Insurance Adjuster Application

All entries except signature must be typed or clearly printed

Attach two recent 1¼ x 1¼ Passport Photographs. License cannot be issued without the required passport photographs.

If applicant intends to conduct business from any location other than the principal place of business, a Branch Office Certificate must be obtained by submitting an Application for Branch Office Certificate, form LIC 31A-13, and fee.

Re: **License type - Insurance Adjuster (AJ)** – An insurance adjuster is a person other than a private investigator who, for any consideration whatsoever, engages in the business of making an investigation for the purpose of obtaining information in the course of adjusting or participating in the disposal of any claim in connection with a policy of insurance or engages in soliciting insurance adjustment business.

Public Insurance Adjuster (PJ) – A Public Insurance Adjuster is a person who, for compensation, acts on behalf of or aids in any manner, an insured in negotiating for or effecting the settlement of a claim or claims for loss or damage under any policy of insurance covering real or personal property or any person who advertises, solicits, business, or holds himself or herself out to the public as an adjuster of those claims and any person who, for compensation, investigates, settles, adjusts, advises, or assists an insured with reference to claims for those losses on behalf of any public insurance adjuster.

Interim Public Insurance Adjuster (PI) – An Interim licensee is a person employed by a Public Adjuster for the purpose of training.

Re: **Applicant Name:** Enter full legal name, if no middle name, enter (NMN). If any part of your legal name is an initial only, place parenthesis around such initial on the application.

Re: **Fictitious Business (DBA) Name:** All fictitious business names must be approved by the Department prior to use.

Re: **Names:** List previously and currently used aliases and maiden names, if any. If you are currently using an “also known as” (AKA) name which you desire to be recorded on your license, so state. Abbreviations of your true name or “nick names” are not acceptable for recording.

Re: **Examination Information: Examination is required for resident and non-resident applicants.**

Re: **Employment history:** Public Insurance Adjuster and Insurance Adjuster applicants must have two years certified experience in the adjusting field. One year's experience is equal to 2,000 hours of compensated time in the adjusting field.

Re: **Question #31 – Insurance Adjuster applicant:** 31-A. Notification of subsequent change in Qualified Manager must be reported, in writing, to the Department within 30 days of such occurrence. A Personal Identification form (#31A-9) for each NEW Qualified Manager must be filed with the Department. The Pocket Identification Card for the **previously** named Qualified Manager must be surrendered to the Department. 31-B. The full name and Social Security Number of any employee hired or terminated subsequent to this filing must be submitted to the Department within 30 days of such occurrence.

Re: **Question #32 – Public Insurance Adjuster applicant:** 32-A All persons acting as a Public or Interim Insurance Adjuster must be licensed. An Authorization Application (Form 0100A), with fee, must be submitted to the Department for all persons employed by you to settle claims. An Authorization Application must also be filed by you when such person ceases to be employed by you in that capacity. 32-B. Your contract must be approved by this Department prior to the issuance of a license. (Sample Contract Form available on the CDI website at www.insurance.ca.gov.)

Re: **Question #33 – Interim Public Insurance Adjuster applicant:** An Interim License is issued for a period not to exceed one year, however, a bond cancellation or termination by employer may cancel the license prior to the one-year period. After experience qualifications have been met an Interim Licensee may file an application with fees and required documents for a Public Insurance Adjuster's license. All contracts must be approved prior to issuance of this license.

Re: **Background Questions.** If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional certified documentation described with each question.

Additional Requirements:

Fingerprint impressions are required for unlicensed applicants. If an examination is required, fingerprint impressions may be taken at the California examination sites.

Bond - A \$2,000 bond is required for an Insurance Adjuster and a \$20,000 bond is required for a Public Insurance Adjuster and Interim Public Adjuster. Original bond must be signed by the principal and executed by a California admitted surety properly with the Power of Attorney form attached.

Please review this application carefully after completion. **Any omissions or deficiencies will result in a delay in the processing of your application for license.** Direct questions regarding this filing to the Producer Licensing Bureau's Adjuster Unit (916) 492-3085.

Mail application filing with fees to: California Department of Insurance, P.O. BOX 1139, Sacramento, CA 95812-1139.

All filing fees are not refundable whether or not the application is acted upon or an examination taken.

Notice Information Collection and Access

Section 31(e) of the California Business and Professional Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department of Insurance. Applicants and licensees are required to pay all state tax obligations and failure to comply with this requirement may result in suspension of licenses issued by the Department.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

Agency: Department of Insurance Address: 320 Capitol Mall, Sacramento, CA 95814-4309 Telephone Number: (800) 967-9331

Title of official responsible for information maintenance: Chief, Producer Licensing Bureau

Authority which authorizes the maintenance of the information: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

The consequences, if any, of not providing all or part of the requested information: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

Each individual has the right to review files maintained on them by the agency unless the information is classified as confidential under section 1798.3(a) of the civil code.