

<b>For Department Use Only</b> License # _____ Effective Date _____ WS # _____	<h2 style="margin: 0;">State of California</h2> <h3 style="margin: 0;">Individual Application</h3> <h3 style="margin: 0;">Public Adjuster and Apprentice License</h3> <p style="margin: 0;">(type or print clearly)</p>	<b>Attach two recent Passport Photographs (2" x 2")</b>
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**READ THE INSTRUCTIONS ON PAGE 6 BEFORE COMPLETING THIS APPLICATION.**

**1. License Type:** (check the type (s) for which you are applying.):

Public Adjuster  
 Apprentice Public Adjuster

2. Last Name	First Name	Full Middle	Suffix	3. <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Date of Birth (month/day/year)
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5. Check One:  California Resident License  California Designated Home State License  Non-Resident License

6. Identification Information:  
 Social Security Number (SSN)\* \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

7. Resident Address (P.O. Box not acceptable) (A) Street _____ Apt/Suite # _____	8. City	9. State	10. Zip Code
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11. Personal Phone Number ( ) -	12. Are you a citizen of the United States? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, you must supply a copy of both sides of your work authorization)
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13. Principal Business Address (P.O. Box not acceptable)	14. City	15. State	16. Zip Code
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17. Business Phone Number ( ) -	18. Business Fax Number ( ) -	19. E-mail Address	20. Business Web Site Address
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21. Mailing Address (P. O. Box is acceptable)	22. City	23. State	24. Zip Code
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25. **SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION**  
 (In Compliance with The Americans with Disabilities Act)

- If required, arrangements were made prior to taking and passing the license examination.

**26. EXAMINATION INFORMATION for California Resident and Designated Home State License Applicants:**  
 You must first pass your license examination before submitting the license application.

After you pass your license examination and submit your application, you will also need to submit the following documents as applicable: (1) a \$20,000 Bond of Public Adjuster, form LIC 94A; (2) a Public Adjuster Contract (a sample contract form is available on the following link: <https://www.insurance.ca.gov/0200-industry/0050-renew-license/0200-requirements/upload/PJAdjSampleContract.pdf>); or (3) applicants who will work under another licensed public adjuster's contract are to only submit a Public Adjuster Authorization Application, form LIC 0100A. The required documents should be emailed to: [licdocuments@insurance.ca.gov](mailto:licdocuments@insurance.ca.gov) or mailed to: California Department of Insurance, Attention: Adjuster Unit, 320 Capitol Mall, Sacramento, CA 95814-4309.

\*Disclosure of your U. S. social security number is mandatory pursuant to Insurance Code section 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 social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by phone (800-967-9331) or by mail, to the following address: 320 Capitol Mall, Sacramento CA 95814-4309.

<b>27. PERSONAL HISTORY</b>					
(A) 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.					
		From	To	Position Held	
		Month	Year	Month	Year
Name					
City		State			
Name					
City		State			
Name					
City		State			
Name					
City		State			
(B) For Public Adjuster applicants only: 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. <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
(C) For Public Adjuster applicants only: Do you have two years certified experience in the insurance adjusting field or have you been licensed as an Apprentice Public Adjuster for 12 months? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> (2,000 hours of compensated time in the adjusting field is equal to one year of experience)					
<b>28.</b> Do you now hold, or have you ever held any license/permit under which you engaged in an occupation? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, list license/permit					
Type of License/Permit	State or Province		Date License Held		Is License in Force
<b>29. AKA/ALIAS</b>					
Are you now using or have you ever used any name other than the name that is shown on the application? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, list names, dates and reason(s) used:					
Last	First	Middle	Suffix	Dates Used	Reason Used
Last	First	Middle	Suffix	Dates Used	Reason Used
<b>30. For Public Adjuster Applicants Only:</b>					
Do you intend to use a fictitious name (dba) to conduct your adjuster business? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
If YES, list such name: _____					
<b>31. For Public Adjuster Applicants Only:</b>					
<b>A.</b> Authorization Application (Form 0100A) must be submitted to the California Department of Insurance for each person employed by you to settle claims.					
<b>B.</b> Attach a copy of the contract you will use in your business. Contract must be approved by the California Department of Insurance prior to issuance of the license.					
<b>32. Apprentice Public Adjuster Applicant Only:</b>					
Print the full name and license number of the Public Adjuster for whom you are employed.					
<b>Employer's Licensed Name</b>					<b>License Number</b>
A. An Authorization Application (Form 0100A), from your employer 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. Sample contract is available on the California Department of Insurance's Website at <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>					

### Background Information

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

<p><b>33.</b> <b>1.</b> Have you ever been convicted of a felony?</p> <p>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.</p> <p>If you answer “Yes” to this <b>background</b> question, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each conviction or charge; and, <b>b)</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.</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>2a.</b> Have you ever been convicted of a felony involving dishonesty or a breach of trust?</p> <p><b>2b.</b> If “Yes”, have you received consent from the California Insurance Commissioner?</p> <p>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.</p> <p>If you answered “Yes” to <b>background</b> question 2a, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each conviction or charge; and, <b>b)</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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>3.</b> Have you ever been convicted of a misdemeanor?</p> <p>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.</p> <p>If you answer “Yes” to this <b>background</b> question, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each conviction or charge; and, <b>b)</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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

### Background Information

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<p><b>4. Have you ever been convicted of a military offense?</b></p> <p>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.</p> <p>If you answer “Yes” to this <b>background</b> question, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each conviction or charge; and, <b>b)</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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>5. Are you currently charged with committing a crime?</b></p> <p>“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.</p> <p>If you answer “Yes” to this <b>background</b> question, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each charge; and, <b>b)</b> certified copies of the charging documents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6. Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?</b></p> <p>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.</p> <p>If you answer “Yes” to this <b>background</b> question, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each disciplinary incident; and, <b>b)</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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>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?</b></p> <p>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.</p> <p>If you answer “Yes” to this <b>background</b> question, you must attach to this application:</p> <p><b>a)</b> a written statement, with original signature, explaining the circumstances of each disciplinary incident; and, <b>b)</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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Background Information**

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

<p><b>8.</b> 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).</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>9.</b> Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer "Yes," identify the jurisdiction(s): _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>10.</b> 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?</p> <p>If you answer "Yes," you must attach to this application:</p> <ul style="list-style-type: none"><li><b>a)</b> a written statement, with original signature, summarizing the details of each incident;</li><li><b>b)</b> copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration; and</li><li><b>c)</b> a copy of the official document which demonstrates the resolution of the charges or any final judgment.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>11.</b> 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?</p> <p>If you answer "Yes," you must attach to this application:</p> <ul style="list-style-type: none"><li><b>a)</b> a written statement, with original signature, summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license; and,</li><li><b>b)</b> copies of any relevant documents.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**34. APPLICANT'S CERTIFICATION:**

I REPRESENT THAT THE HOLDING OF THE LICENSE HEREBY APPLIED FOR IS NOT INCOMPATIBLE WITH THE LAW, 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 FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 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 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

**ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**

APPLICANTS SIGNATURE: \_\_\_\_\_ CITY \_\_\_\_\_ DATE \_\_\_\_\_

# INSTRUCTIONS FOR COMPLETING INDIVIDUAL PUBLIC ADJUSTER APPLICATION

## ALL ENTRIES EXCEPT SIGNATURE MUST BE TYPED OR CLEARLY PRINTED

Re: Question #1 – “**LICENSE TYPE**”:

Public Adjuster– A Public 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 adjuster.

Apprentice Public Adjuster – A person employed by a Public Adjuster for the purpose of training.

Re: Question #2 – “**APPLICANT NAME**”: Enter full legal name, initials are not acceptable. If no middle name, enter (NMN). If any part of your legal name is an initial only, attach a signed statement to that effect and place parenthesis around such initial on the application.

Re: Question #5 – “**CALIFORNIA RESIDENT, CALIFORNIA DESIGNATED HOME STATE OR NONRESIDENT**”: A **nonresident public adjuster** is not eligible for a license unless such person establishes a business address in this State.

Designated Home State - Home State means the District of Columbia and any state or territory of the United States in which the public insurance adjuster’s principal place of residence or principal place of business is located. If neither the state in which the public adjuster maintains their principal place of residence nor the state in which the public adjuster maintains their principal place of business has a substantially similar law governing public adjusters, the public adjuster may declare another state in which it becomes licensed and acts as a public adjuster to be their “home state.”

Re: Question#13 – “**PRINCIPAL BUSINESS ADDRESS**”: If applicant intends to conduct business from any location in California other than the listed principal place of business, an application for Branch Office Certificate (Form 31A-13) with appropriate fee must be completed for each such office. A Branch Office must be a bona fide place of business.

Re: Question # 21 – Do not enter the word, “SAME.”

Re: Question # 26 – “**EXAMINATION INFORMATION**”: The procedures to schedule an examination through CDI’s contracted examination vendor, PSI Services, LLC, can be found via the following link: <https://www.insurance.ca.gov/0200-industry/0010-producer-online-services/0200-exam-info/index.cfm>

Re: Question #27 – “**EMPLOYMENT HISTORY**”: Public Adjuster applicant 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 # 29 – “**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: Question #30 – “**FICTITIOUS BUSINESS (DBA) NAME**”: All fictitious business names must be approved by the Department prior to use.

Re: Question # 31 – **31 A.** All persons acting as a Public or Apprentice Public Adjuster must be licensed. An Authorization Application (Form 0100A 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. **31 B.** Your contract must be approved by this Department prior to the issuance of a license.

Re: Question # 32 – “**APPRENTICE PUBLIC ADJUSTER APPLICANT**”: An Apprentice License is issued for a period not to exceed one year. However, a bond cancellation or termination by the employer may cancel the license prior to the one-year period. After experience qualifications have been met an Apprentice Licensee may file an application for a Public Adjuster’s license.

Re: Question #33– “**Background Information**”: If the answer is “yes” to any of these questions, documents as listed under “IMPORTANT NOTICE” are required to be attached to this application.

### ADDITIONAL REQUIREMENTS:

- Fingerprint impressions and a fingerprint-processing fee are required for the applicant. To submit fingerprints, follow the procedures stated on CDI’s Resident Licensing Fingerprint Requirement’s web page at <https://www.insurance.ca.gov/0200-industry/0200-prod-licensing/0100-applicant-info/0300-ca-fingerprint/index.cfm>
- A \$20,000 bond is required for a Public Adjuster.
- For California resident and designated home state Public Adjuster applicants: A minimum of 20 hours of approved preclicensing education in subjects pertinent to the duties and responsibilities of a public adjuster.

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 IN SACRAMENTO, (800) 967-9331.

MAIL APPLICATION FILING WITH FEES TO: CALIFORNIA DEPARTMENT OF INSURANCE  
P.O. BOX 1139  
SACRAMENTO, CA95812-1139

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERRABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE 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 and requires the licensee to pay his or her state tax obligation. Section 31 also states that the license may be suspended if the state tax obligation is not paid.

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.**