STATE OF CALIFORNIA
FORM 042A (REV. 6/96)

DEPARTMENT OF INSURANCE
BOX 1139
SACRAMENTO, CA 95812-1139

APPLICATION FOR ADJUSTER ORGANIZATION LICENSE

READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION

FOR DEPARTMENT USE

FILE NUMBER

1 ☐☐☐☐☐☐☐

2 WK STA ☐☐

3 PERM ISSUED _____

PERM MAILED _____

4 DBA ☐

1 **ORGANIZATION TYPE:** (Check one only)

☐ CORPORATION ☐ UNINCORPORATED ASSOCIATION

☐ PARTNERSHIP: List Partnership's FEIN # ___ ___ ___ ___ ___ ___ ___ ___ ___
(Federal Employer Identification Number)

2 **LICENSE TYPE:** (Check one only)

☐ INSURANCE ADJUSTER (INDEPENDENT) (AJ) ☐ PUBLIC INSURANCE ADJUSTER (PJ)

3 **ORGANIZATION NAME:** (Name must be approved by the Department prior to use)

_____

4 DOES THE ORGANIZATION INTEND TO USE A FICTITIOUS (DBA) NAME TO TRANSACT INSURANCE BUSINESS? . . . . . ☐ YES ☐ NO

If **YES**, list such name: _____
(Name must be approved by the Department prior to use)

5 **CHECK ONE:** ☐ CALIFORNIA RESIDENT LICENSE ☐ NONRESIDENT LICENSE — (Not applicable for Insurance Adjuster license applications)

6 **PRINCIPAL BUSINESS ADDRESS:** (PO Box not acceptable)

Street _____ Apt/Suite # _____

City State ZIP

7 **MAILING ADDRESS:**

Street _____ Apt/Suite # _____

City State ZIP

8 IS THIS **ORGANIZATION** NOW USING OR HAS IT EVER USED ANY NAME OTHER THAN LISTED IN (3) OR (4) ABOVE? . . . . . ☐ YES ☐ NO

If **YES**, list such names and dates used:

9 **INSURANCE ADJUSTER APPLICANT ONLY:**

A. List name and social security number of the person who will act as the Qualified Manager at the principal place of business and attach a Personal Identification Form (#31A-9), completed by such person.

_____ / ___ ___ ___ - ___ ___ - ___ ___ ___ ___
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.)

Name: Last	First	Middle	Social Security Number
			___ ___ ___ - ___ ___ - ___ ___ ___ ___
			___ ___ ___ - ___ ___ - ___ ___ ___ ___
			___ ___ ___ - ___ ___ - ___ ___ ___ ___

10 **PUBLIC INSURANCE ADJUSTER APPLICANT ONLY:**

A. 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.)

Employee Name: Last	First	Middle	Public Adjuster License Number	Social Security Number
				___ ___ ___ - ___ ___ - ___ ___ ___ ___
				___ ___ ___ - ___ ___ - ___ ___ ___ ___
				___ ___ ___ - ___ ___ - ___ ___ ___ ___
				___ ___ ___ - ___ ___ - ___ ___ ___ ___

B. An Authorization Application (Form 0100A), with fee, must be attached to this application for each person named in (A) above.

C. Attach a copy of the contract you will use in your adjusting business.

11 IS THIS ORGANIZATION ENGAGED IN ANY BUSINESS OR ACTIVITY OTHER THAN INSURANCE? ..... ☐ YES ☐ NO

If **YES**, answer the following:

A. What is the nature of this business or activity? _____

B. List the percentage of the organization's net income which will be derived from this other business or activity: _____ %

IMPORTANT: Organization applicants engaged in business other than adjusting insurance claims are cautioned to review the laws governing such other business to ensure that the adjusting of claims is not incompatible under such laws.

12 HAS THE ORGANIZATION SUBMITTED TO THE DEPARTMENT, WITHIN THE LAST YEAR, A FILING FOR WHICH A LICENSE HAS NOT BEEN ISSUED? ..... ☐ YES ☐ NO

If **YES**, list name under which the filing was made, date filed, and license type requested: _____

13 DOES THE **ORGANIZATION** NOW HOLD, OR HAS IT EVER HELD, ANY LICENSE OR PERMIT UNDER WHICH IT ENGAGED IN ANY OCCUPATION? ..... ☐ YES ☐ NO

TYPE OF LICENSE AND LICENSE NUMBER	STATE OR PROVINCE	RESIDENT OR NONRESIDENT	DATE LICENSE HELD FROM TO	IS LICENSE IN FORCE?

▶ COMPLETE EITHER (14), (15) OR (16) BELOW, AS APPROPRIATE FOR YOUR ORGANIZATION TYPE AND **ATTACH A PERSONAL IDENTIFICATION INFORMATION FORM, (31A-9), COMPLETED BY EACH NAMED OFFICER OR PARTNER.**

14 **CORPORATE APPLICANT ONLY:** Complete the following and attach a copy of the corporate articles: (attach a separate sheet if more space is needed)

A. Date incorporated _____, State in which incorporated _____ Corporate # _____

B. List Officers, Directors, and those stockholders that own 10% or more of the corporation's stock: (If no directors or stockholders, so state.)

	NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER
President			___ - __ - ____
Vice-President			___ - __ - ____
Secretary			___ - __ - ____
Treasurer			___ - __ - ____
Director			___ - __ - ____
Director			___ - __ - ____
Stockholder			___ - __ - ____
Stockholder			___ - __ - ____
Stockholder			___ - __ - ____

15 **PARTNERSHIP APPLICANT ONLY:** List name and address of all partners and attach the partnership agreement, if any. If no agreement, so state. Attach a Personal Identification Information form 31A-9 for each partner named.

PARTNER NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER
		___ - __ - ____
		___ - __ - ____
		___ - __ - ____
		___ - __ - ____
		___ - __ - ____

16 **UNINCORPORATED ASSOCIATION APPLICANT ONLY:**

A. Attach the articles of association.

B. List below the name and address of all members. Each member must also hold an individual Adjuster's license.

MEMBER'S NAME LAST FIRST MIDDLE	LICENSE NUMBER OF LICENSE HELD	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER
			___ - __ - ____
			___ - __ - ____
			___ - __ - ____
			___ - __ - ____
			___ - __ - ____

17 Is there any person within the organization, other than named in question (14), (15) or (16), who acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code? ☐ YES ☐ NO

If YES, list name, residence address, and social security number of such person(s): Attach a separate sheet if more space is needed.

CONTROLLING PERSON NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER

18 HAS THE ORGANIZATION OR HAVE ANY OF ITS PARTNERS, MEMBERS, CONTROLLING PERSONS, OFFICERS, DIRECTORS, OR ANY SHAREHOLDERS OWNING A 10% OR MORE INTEREST IN THE ORGANIZATION, OR ANY PERSONS NAMED IN QUESTION (9) OR (10) BEEN THE SUBJECT OF ANY ADMINISTRATIVE AGENCY DISCIPLINARY ACTION? FOR THE PURPOSE OF THIS QUESTION, ADMINISTRATIVE AGENCY DISCIPLINARY ACTION INCLUDES, BUT IS NOT LIMITED TO: HAVING ANY PROFESSIONAL, VOCATIONAL OR BUSINESS LICENSE DENIED, SUSPENDED, PLACED ON PROBATION, RESTRICTED OR REVOKED, OR ANY FINE IMPOSED; WITHDRAWING ANY APPLICATION OR SURRENDERING ANY LICENSE TO AVOID DISCIPLINARY ACTION; BEING ISSUED A CEASE AND DESIST ORDER OR ITS EQUIVALENT; BEING THE SUBJECT OF A CONSERVATION, LIQUIDATION, REHABILITATION OR RECEIVERSHIP ORDER. ☐ YES ☐ NO

19 HAS THE ORGANIZATION OR HAVE ANY OF ITS PARTNERS, MEMBERS, CONTROLLING PERSONS, OFFICERS, ANY SHAREHOLDERS OWNING A 10% OR MORE INTEREST IN THE ORGANIZATION, OR ANY OF THE PERSONS NAMED IN QUESTION (9) OR (10) EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

"Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.

▶ **IMPORTANT NOTICE:** If the answer is "YES" to question (18) or (19), attach a detailed statement, signed by an authorized person for the organization, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies CERTIFIED BY THE COURT, of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.

20 **APPLICANT'S CERTIFICATION:**

I (we) certify (or declare) under penalty of perjury that:

(a) the organization's articles of incorporation or association or partnership agreement, as the case may be, do not forbid it to act in the capacity for which this application is being made;
(b) the license hereby applied for is not prohibited by the laws, rules or regulations of any federal, state, county or municipal government for which the organization performs work (if any) or by which it is licensed (if any);
(c) if the license is granted, only those natural persons so authorized will adjust claims for this organization.

Further, I (we) certify (or declare) under penalty of perjury that I (we) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct and I (we) agree to notify the Insurance Commissioner of any change in the matters set forth in this application. I (we) understand that any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Section 15028.6 and Government Code 7473, I (we) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

▼ ▼

SIGNATURE(S): _____ **Title** _____

_____ **Title** _____

_____ **Title** _____

_____ **Title** _____

_____ **Title** _____

IMPORTANT NOTICE

If organization is a partnership, each partner must sign this application.

If organization is a corporation, or association, an officer having authority to bind the organization must sign.

▼ ▼

DATE: _____ (month, day, year), **AT** _____ (city), _____ (state)

▼

BUSINESS PHONE # ( ) _____

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

AGENCY: Department of Insurance **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814-4309 **TELEPHONE NUMBER:** (916) 322-3555

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE: Chief, License Bureau

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: California Insurance Code, Chapters 1 and 2, Division 5

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: Delay or non-issuance of license applied for.

THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED: Evaluation of license application.

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.

INSTRUCTIONS FOR COMPLETING ADJUSTER ORGANIZATION APPLICATION

ALL ENTRIES EXCEPT SIGNATURES MUST BE TYPED

Re: Question #1 — "ORGANIZATION TYPE":

Corporations — if already incorporated, attach your Articles of Incorporation. If the corporation has been formed as a result of a merger, submit a copy of your merger papers.

Partnership — a copy of the Partnership Agreement (if any) is required. THE PARTNERSHIP'S FEDERAL IDENTIFICATION NUMBER IS MANDATORY and must be entered in the space shown.

Re: Question #2 — "LICENSE TYPE":

Insurance Adjuster — 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 — 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.

Re: Question #3 — "ORGANIZATION NAME":

The true organization name must be entered. Include commas, hyphens, ampersands, etc. This name is subject to disapproval by the insurance Commissioner.

Re: Question #4 — "FICTITIOUS NAME":

If you intend to transact insurance in a name other than the true organization name shown in Question #3, enter such fictitious name. This name is subject to disapproval by the Insurance Commissioner.

NOTE: Request for changes in True or Fictitious name must be submitted to the Department on a "Name Request" Form (Doc. 447-42A) with appropriate fee.

Re: Question #5 — "RESIDENT OR NONRESIDENT":

A nonresident Insurance Adjuster (AJ) is not eligible for a license unless such person establishes a business address in this State and has a California resident as its Qualified Manager.

Nonresident Public Insurance Adjuster (PJ) — A Stipulation and Agreement, form 0103A, is required to be submitted with the application for license. A Certificate of License Status from the home State is also required.

Re: Question #6 — "PRINCIPAL BUSINESS ADDRESS":

Bona fide California address is required for residents and nonresidents.

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 #9 — "INSURANCE ADJUSTER APPLICANTS":

9-A. A Personal Identification Form (31A-9) completed by the Qualified Manager must be attached to this application.

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.

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 #10 — "PUBLIC INSURANCE ADJUSTER":

10-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 each person employed by the organization to settle claims. An Authorization Application must also be filed when such person ceases to be employed by the organization in that capacity.

10-B. The organization's contract must be approved by the Department prior to issuance of the license.

Re: Questions #14 #15, and #16 — A Personal Identification Information form, (31A-9), for **EACH** officer or partner is required.

A change in status of any person named in question 14, 15, or 16, must be reported in writing to the Department within 30 days of such occurrence. A Personal Identification Information form, 31A-9, for each **NEW** officer or partner named must be filed with the Department. The Pocket Identification Card for the **previously** named officer or partner must be surrendered to the Department.

Re: Question #17 — Insurance Code Section 1668.5(b), in part, defines a "controlling person" as a person who possesses the power to cause the direction of the management and policies of the organization.

Re: Questions #18 and #19 — "PREVIOUS ARREST OR CONVICTION RECORD":

If the answer is 'yes' to any of these questions, documents as listed under "IMPORTANT NOTICE" are required to be attached to this application.

Re: Question #20 — "SIGNATURES":

Partnership — each partner of the partnership must sign. **Corporation** or **Association** — an officer having authority to bind the Corporation or Association must sign.

▶ **ADDITIONAL REQUIREMENTS:** A $2,000 bond is required for an Insurance Adjuster.
A $5,000 bond is required for a Public Insurance Adjuster.
A $5,000 bond is required for an Interim Adjuster.

▶ PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.

▶ MAIL APPLICATION WITH FEES TO: Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139

▶ DIRECT QUESTIONS REGARDING THIS FILING TO THE LICENSE BUREAU IN SACRAMENTO, (916) 322-3555

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