

For Department Use Only

License

Effective
Date _____
WS # _____

**State of California
Business Entity Application
Public Adjuster License
(type or print clearly)**

READ THE INSTRUCTIONS ON PAGE 6 BEFORE COMPLETING THIS APPLICATION.

1. Business Entity Type (Check one only)

- Corporation
- Limited Liability Partnership/Limited Partnership
- General Partnership
- Nonprofit Corporation
- Limited Liability Company
- Unincorporated Association

2. Business Entity Name

3. Check One: California Resident License California Designated Home State License Non-Resident License

4. Federal Employer Identification Number (FEIN):

5. Name Approval: Confirmation #

6. State of Incorporation

7. Business Address: (P.O. Box not acceptable)

8. Business Phone Number:

9. Business Fax Number:

10. Business E-mail Address and Business Website Address:

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11. Mailing Address: (P. O. Box is acceptable)

12. Fictitious Names:

a. Does the business entity intend to use a fictitious name (DBA)?

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

Yes No

b. Is the business entity now or has it ever used any name other than shown?

If yes, list names, dates, and reason (s) use: _____

Yes No

13. Business Entity Information:

Is this business entity 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 business entity's net income which will be derived from this other business or activity: ____%

IMPORTANT: Business entity 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 incompitable under such laws.

14. A. Designated Responsible Licensed Public Adjuster:

Identify all Designated/Responsible Licensed Public Adjusters* (Attach a separate sheet if additional space is needed).

Last Name	First Name	Middle	Public Adjuster License Number	Social Security Number**

B. An Authorization Application (LIC 0100A) must be submitted to the Department for each licensed public adjuster employed by you to settle claims.

C. Attach a copy of the contract you will use in your business. The contract must be approved by the Department prior to issuance of the license.

15. Business Entity Disclosure: Identify all partners, members, officers, directors, managers, controlling persons and any shareholders owning 10% or more interest in the business entity. (Attach separate sheet if more space is needed)

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Resident Address: _____

16. Controlling Person(s): (Attach separate sheet if more space is needed)

A "Controlling Person", in Section 1668.5 (b) of the California Insurance Code, is the following: If you are listing an individual, corporation, partnership, limited liability company, limited partnership, holding company or trust in section #15, then you must identify the Controlling Person or Persons, including the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any other person who directly or indirectly possess the power to control the affairs of the business entity.

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Name: _____ Title _____ SSN/FEIN* _____ % of ownership _____

Background Information

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

17. **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 engaging in the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to engage in the business of insurance without the Commissioner's written consent. Further, it is a criminal offense for any person to willfully employ, or willfully permit, such "prohibited persons" to engage in the business of insurance without the required written consent.

A "Prohibited Person" may be an officer, director or employee of a public insurance adjuster, an insurance agency or an insurance company, an agent, solicitor, broker, consultant, third party administrator, managing general agent, or subcontractor representing an insurance agency or insurance company who engages in or transacts the business of insurance. If you have a "Prohibited Person" in your business entity that meets this criteria and has been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then the "Prohibited Person" must obtain written consent **prior to filing this application**.

DO NOT SUBMIT THIS APPLICATION UNTIL THE PROHIBITED PERSON HAS FILED FOR WRITTEN CONSENT FROM THE COMMISSIONER. If consent has been received, a copy of the consent letter must be attached to this application. If applying for a non-resident license, attach a copy of the written consent letter issued by the home state. Instructions to apply for the written consent are available on the CDI's Web site at www.insurance.ca.gov.

1. **Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, or any shareholders owning 10% or more interest in the business entity, ever been convicted of, or is the business entity or, any partner, member, controlling person officer director, manager or any shareholders owning 10% or more interest in the business entity currently charged with, committing a crime, whether or not adjudication was withheld?**

Yes No

"Crime" includes a felony, a misdemeanor or military offense. "Convicted" includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed 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 tried in juvenile court. You should answer "yes" if you have been convicted of a felony or a misdemeanor including driving offenses such as, but not limited to reckless driving, driving under the influence and driving with a suspended license, whether or not you spent any time in jail, and whether or not you believe the conviction has been removed from your record.

If you answer "yes," you must attach to this application:

- a. a written statement with original signature explaining the circumstances of each incident,
- b. a certified copy of the charging document, and a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. **Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been involved in an administrative proceeding regarding any professional or occupational license?**

Yes No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as 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 a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "yes," you must attach to this application:

- a. a written statement with original signature identifying the type of license and explaining the circumstances of each incident,
- b. a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c. a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Background Information

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

<p>3. Has any demand been made or judgment rendered against the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer "yes," submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been notified by any jurisdiction to which you are applying 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, been a party to, or 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">a. a written statement with original signature summarizing the details of each incident; andb. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, 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">a. 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,b. copies of all relevant documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. **APPLICANT'S CERTIFICATION:** I (we) certify (or declare) under penalty of perjury that:

- a. the business entity'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 holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) by which it is licensed (if any);
- c. if the license is granted, only those natural persons so authorized will adjust claims for this business entity.

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. I (we) understand that pursuant to Sections 1668 (h) and 1738 of the Insurance Code, any false statements 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.


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

22. Signature(s) _____ Title _____

(type name) Title _____
(type title) and title

(type name) Title _____
(type title) and title

(type name) Title _____
(type title) and title

 Date Executed _____, at _____, _____
(month, day, year) (city) (state)

**IMPORTANT
NOTICE**

If the business entity is a partnership, each partner must sign this application.

If the business entity is a corporation, an officer who possesses the power to direct or cause the direction of the management and policies of the organization must sign this application.

If the business entity is a limited liability company, an officer who possesses the power to direct or cause the direction of the management and policies of the organization must sign this application.

INSTRUCTIONS FOR COMPLETING BUSINESS ENTITY PUBLIC ADJUSTER APPLICATION

ALL ENTRIES EXCEPT SIGNATURE MUST BE TYPED OR CLEARLY PRINTED

RE: Question #1 – “**BUSINESS ENTITY TYPE**”:

- Corporation - if already incorporated, attach a copy of your Certificate of Good Standing. If corporation has been formed as a result of a merger, submit a copy of your approved merger papers.

RE: Question #2 – ““**BUSINESS ENTITY NAME**””: The true business entity name must be entered. Include commas, hyphens, ampersands, etc. This name is subject to disapproval by the Insurance Commissioner.

Re Question #3 – “**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 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 #7 – “**BUSINESS ADDRESS**”:

The business entity must maintain an office in the State of California with public access during regular business hours (Section 15011(d) of the CIC). 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 ([LIC 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 #11 – “**MAILING ADDRESS**”:

Do not enter the word, “SAME.”

RE: Question #12 – “**FICTITIOUS BUSINESS (DBA) NAME**”:

12a. List previously and currently used fictitious, if any. If you are currently using a fictitious name which you desire to be recorded on your license, so state. Abbreviations of your legal name are not acceptable for recording. **12b.** If you intend to act as a public adjuster in a name other than the legal business entity name, enter such fictitious name. All fictitious business names must be approved by the Department prior to use.

RE: Question #14 – “**DESIGNATED RESPONSIBLE LICENSED PUBLIC ADJUSTER (S)**”:

14a. A licensed individual public adjuster must be named who will be responsible for the business entity’s compliance with the insurance laws, rules, and regulations of this state. **14b.** You must list all licensed public adjusters who will be authorized to negotiate claim settlements on behalf of the organization. All persons acting as a public adjuster must be licensed. An Authorization Application ([LIC 0100A](#)) must be submitted to the Department for all licensed public adjusters 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. **14c.** Your contract must be approved by this Department prior to the issuance of a license.

RE: Question #16 – “**CONTROLLING PERSONS**”:

A “controlling person” is a person who possesses the power to direct or cause the direction of the management and policies of the organization.

RE: Question #17 – “**BACKGROUND INFORMATION**”:

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

RE: Question #18 – “**APPLICANT’S CERTIFICATION**”:

Corporation and Limited Liability Company – An officer having authority to bind the Corporation or LLC must sign.
Partnership – each partner of the partnership must sign.

ADDITIONAL REQUIREMENTS:

- A \$20,000 bond is required for 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 ADJUSTER UNIT IN THE PRODUCER LICENSING BUREAU at (916) 492-3085.

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.