

7 HAVE YOU EVER HAD ANY PROFESSIONAL, VOCATIONAL OR BUSINESS LICENSE DENIED, SUSPENDED, REVOKED OR RESTRICTED OR A FINE IMPOSED BY ANY PUBLIC AUTHORITY, OR WITHDRAWN ANY APPLICATION FOR OR SURRENDERED ANY SUCH LICENSE TO AVOID DISCIPLINARY ACTION? YES NO

8 HAVE YOU 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guilty by verdict of a judge or jury, having entered a plea of nolo contendere, having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.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.

▶ **IMPORTANT NOTICE:** If you answered yes to (7) or (8), attach a detailed statement, signed by you, of 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 judgment.

STATEMENT AND CERTIFICATION:

I represent that my affiliation with the adjuster named in (10), below, is not prohibited by 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 foregoing information provided 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 information provide by me. I understand that any false statement may subject the license to denial or subsequent revocation. Further, pursuant to Insurance Code Section 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 the license.

9 ▶ SIGNATURE _____ CITY _____ DATE _____

RESIDENCE PHONE # () _____ BUSINESS PHONE # () _____

THE FOLLOWING MUST BE COMPLETED BY THE LICENSED ADJUSTER WITH WHOM YOU WILL BE AFFILIATED:

A. Adjusters' Name (as shown on license): _____ License # _____

B. Is the person named in question (3) REPLACING a previously named Qualified Manager, Officer, or Partner? YES NO

If Yes, complete the following: Date previously named person left the position: _____/_____/_____

List below the name, title, and Social Security Number of the previously named person. That person's Pocket Identification Card, if any, must be returned to the Department along with this form.

Name: _____ Title _____ SSN _____/_____/_____

Last First Middle

▶ As authorized, I certify the statements made in this Personal Identification form are true and correct and declare that the person named in (3) will act in the position as shown in question (2).

▶ Signature of licensed Adjuster: _____ Title _____ Date _____

If an Adjuster is an organization, an officer of the corporation or a partner of the partnership must sign.