STATE OF CALIFORNIA FORM 042A (REV. 3/05)

В.

DEPARTMENT OF INSURANCE BOX 1139 SACRAMENTO, CA 95812-1139

FOR DEPARTMENT USE

APPLICATION FOR ADJUSTER ORGANIZATION LICENSE

READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION FILE NUMBER ORGANIZATION TYPE: (Check one only) 1 CORPORATION UNINCORPORATED ASSOCIATION 1 2 WK STA PARTNERSHIP: List Partnership's FEIN # _ (Federal Employer Identification Number) PERM ISSUED LICENSE TYPE: (Check one only) 3 2 INSURANCE ADJUSTER (INDEPENDENT) (AJ) PUBLIC INSURANCE ADJUSTER (PJ) PERM MAILED ___ ORGANIZATION NAME: (Name must be approved by the Department prior to use) 3 4 DBA If YES, list such name: _ (Name must be approved by the Department prior to use) NONRESIDENT LICENSE — Insurance Adjuster (AJ) applicants should refer to CHECK ONE: CALIFORNIA RESIDENT LICENSE instructions on page 4 for further clarification of requirements. PRINCIPAL BUSINESS ADDRESS: (PO Box not acceptable) Street_ ____ Apt/Suite # _____ City State MAILING ADDRESS: Apt/Suite # ____ Street_ City State IS THIS ORGANIZATION NOW USING OR HAS IT EVER USED ANY NAME OTHER THAN LISTED IN (3) OR (4) ABOVE? NO If YES, list such names and dates used: INSURANCE ADJUSTER APPLICANT ONLY: 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 A. Identification Form (#31A-9), completed by such person. SOCIAL SECURITY NUMBER FIRST MIDDLE В. 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.) 9 Social Security Last Middle Number PUBLIC INSURANCE ADJUSTER APPLICANT ONLY: 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 First Public Adjuster Social Security Middle Last License Number Number 10

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

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

	IS THIS ORGANIZ If YES , answer	ZATION ENGAGED IN ANY BI the following:	USINESS OR ACTIVITY	OTHER THAN INSURANC	DE?	YES NO					
	A. What is the nature of this business or activity?										
11	B. List the percentage of the organization's net income which will be derived from this other business or activity:%										
	MPORTANT: 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	LICENSE HAS NO	IZATION SUBMITTED TO TH OT BEEN ISSUED?			ILING FOR WHICH A	YES NO					
	•	under which the filing was made									
10	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 PROVI	NCE RESIDENT OR NONRESIDENT	DATE LICENSE HELD FROM TO	IS LICENSE IN FORCE?					
13	1					<u> </u>					
	[[1					
	1			<u> </u>		1					
	COMPLETE EITH IDENTIFICATION	ER (14), (15) OR (16) BELOV INFORMATION FORM, (31A-9	V, AS APPROPRIATE FO	OR YOUR ORGANIZATION	TYPE AND ATTACH A	PERSONAL					
	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 incorp	orated	, State in which incorpo	rated	Corporate #						
		, Directors, and those stockhold									
	1	LAST NAME FIRST	MIDDLE	RESIDENCE ADDRESS	SOCIAL	SECURITY					
14	President	Finoi									
	Vice-President		1			-					
	Secretary										
	Treasurer										
	Director										
	Director		1	•	-						
	Stockholder				-	<u> </u>					
	Stockholder					-					
	Stockholder		1								
	PARTNERSHIP A	PPI ICANT ONLY: List name	and address of all partne	rs and attach the partnersh	ip agreement, if any, If no a	greement, so state.					
		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 FIRST		MIDDLE	RESIDENCE ADDRESS	SOCIAL	SOCIAL SECURITY NUMBER					
	-										
15	1										
]								
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	LININCORPORAT	UNINCORPORATED ASSOCIATION APPLICANT ONLY:									
		A. Attach the articles of association.									
16	1										
	LAGT	MEMBER'S NAME	LICENSE NUMBER OF LICENSE HELD	RESIDENCE ADDRESS		SECURITY UMBER					
	LAST	FIRST MIDDLE	LIOLINGE RELD	TEGIDENCE ADDITES		_					
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	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 Ist name, residence address, and social security number of such person(s): Attach a separate sheet if more space is needed.									
17	LAST	CONTROLLING PERSON NAME FIRST	MIDDLE	RESIDENCE	ADDRESS	SOCIAL SECURITY NUMBER				
18	HAS THE ORGANIZATION OR HAVE ANY OF ITS PARTNERS, MEMBERS, CONTROLLING PERSONS, OFFICERS, DIRECTORS, OR ANY SHARE-HOLDERS 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.									
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? "Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found quilty 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.										
	APPLICANT'S CERTIF	FICATION:		· · · · · · · · · · · · · · · · · · ·						
	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.									
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20	SIGNATURE(S)		Title							
			110C		IMPORTANT NOTICE					
	_		Title		If organization is a partr sign this application.	ership, each partner must				
			Title		If organization is a corp	oration, or association, an to bind the organization				
		must sign.	to bind the organization							
.			Title							
	\blacksquare		lacktriangle	***						
	DATE:		. AT							
	V	(month, day, year)	, -	(city)	,	(state)				
	BUSINESS PHONE	: # ()								
		NOTICE: INFO	BMATION COLLEC	CTION 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": A nonresident Insurance Adjuster (AJ) license applicant must establish a California business address. CIC 14029(a) requires that the business of each licensee be operated under the active direction, control, charge or management, in this state, of the licensee, if the licensee is qualified, or the person who has qualified to act as the licensee's manager, if the licensee is not qualified. The qualified manager is not not required to be a resident of California, but must meet the oversite requirements pursuant to CIC 14029(a) stated above.

Nonresident Public Insurance Adjuster (PJ) - A Stipulation and Agreement, form 103A, is required to be submitted with the application.

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 — A Personal Identification Information form, (31A-9), for EACH officer or partner is required.

#15. and #16

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 — "PREVIOUS ARREST OR CONVICTION RECORD":

and #19

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. Page 4