

FOR DEPARTMENT USE

APPLICATION FOR ADJUSTER ORGANIZATION LICENSE

READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION

1	ORGANIZATION TYPE: (Check one only) <input type="checkbox"/> CORPORATION <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> PARTNERSHIP: List Partnership's FEIN # _____ <small>(Federal Employer Identification Number)</small>	1	FILE NUMBER _____																
2	LICENSE TYPE: (Check one only) <input type="checkbox"/> INSURANCE ADJUSTER (INDEPENDENT) (AJ) <input type="checkbox"/> PUBLIC INSURANCE ADJUSTER (PJ)	2	WK STA _____ PERM ISSUED _____																
3	ORGANIZATION NAME: (Name must be approved by the Department prior to use) _____	3	PERM MAILED _____ DBA <input type="checkbox"/>																
4	DOES THE ORGANIZATION INTEND TO USE A FICTITIOUS (DBA) NAME TO TRANSACT INSURANCE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list such name: _____ <small>(Name must be approved by the Department prior to use)</small>																		
5	CHECK ONE: <input type="checkbox"/> CALIFORNIA RESIDENT LICENSE <input type="checkbox"/> NONRESIDENT LICENSE — Insurance Adjuster (AJ) applicants should refer to instructions on page 4 for further clarification of requirements.																		
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? <input type="checkbox"/> YES <input type="checkbox"/> 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. _____ / _____ <small>LAST FIRST MIDDLE SOCIAL SECURITY NUMBER</small> 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.) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:25%;">Last</th> <th style="width:30%;">Name First Middle</th> <th style="width:45%;">Social Security Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Last	Name First Middle	Social Security Number													
Last	Name 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.) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:25%;">Last</th> <th style="width:30%;">Employee Name First Middle</th> <th style="width:20%;">Public Adjuster License Number</th> <th style="width:25%;">Social Security Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> 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.			Last	Employee Name First Middle	Public Adjuster License Number	Social Security Number												
Last	Employee Name First Middle	Public Adjuster License Number	Social Security Number																

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.)

	LAST	NAME 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.

LAST	PARTNER NAME 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.

LAST	MEMBER'S NAME FIRST	MIDDLE	LICENSE NUMBER OF LICENSE HELD	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER

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) 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 required to be a resident of California, but must meet the oversight 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.