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Uniform Application for Individual Insurance Adjuster License (Please Print or Type)

Check appropriate box for license requested.

□ Resident License
□ Non-Resident License
• Identify Home State:
• Identify Home State License #:

| | | | Demogra | phic In | formatio | n | | | | |
|---|------------------------|-------------|----------------|----------------------|---------------|------------|---------------|------------------------------|----------------------|--------------------------|
| 1 Soc. Security Number | | | ② If assig | gned, Natio | onal Produc | er Numb | er (NPN) |) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3 If applicable, FINRA Individua | l Central Registration | Deposit | ory (CRD) | 4 | Are you aff | filiated w | ith a fina | ancial inst | titution/bank? | |
| Number | | | | | Y | es 🔲 | | No | | |
| 3 Last Name | JR./SR. etc | | 6 First Na | ame | | 7) Mi | ddle Nar | ne | 8 Date of Bi | rth |
| | | | | | | | | | (month) | (day) (year) |
| Residence/Home Address (Physical Physical P | cal Street) | (1) P.O | . Box | (1) City | | | (| 12 State | 13) Zip Code | (14) Foreign Country |
| | • | | | | | | | | <u> </u> | |
| (15) Home Phone Number | (6) Gender (Circle | One) | (17) Are you | ı a Citizen | of the Unit | ed States | ? (Check | (One) | | |
| () - | Male Female | | Yes | | | | | | you a citizen?) | |
| (A) Province of Entitle Name | | | | | (I: | f No, you | ı must su | pply proc | of of eligibility to | work in the U.S.) |
| 18 Business Entity Name | | | | | | | | | | |
| | | | | | | | | | | |
| 19 Business Address (Physical Street | 2) | 20 P.O | . Box | 21)City | | 22 | S tate | | 3 Zip Code | Foreign Country |
| | | | | | | | | | | |
| 25) Business Phone Number (include 6) Business Fax Number | | | | 27 Business E-Mail A | | Address | | 28 Business Web Site Address | | |
| extension) | () - | | | | | | | | | |
| 29 Applicant's Mailing Address | _L | (30) P.O | . Box | (31) City | | 32 |) State | 33) Zip | Code | (34) Foreign Country |
| | | | | | | | | | | |
| 35) a. List any other assumed, fictitiou | ıs alias maiden or tr | ade name | s which you | have used | l in the past | | | | | |
| O =, | ,, | | | | | | | | | |
| b. List any trade names under whi | ch you are currently | doing bus | siness or inte | end to do b | usiness. | | | | | |
| | | | | | | | | | | |
| | | Agen | cy or Bus | iness Er | ntity Affi | liations | S | | | |
| 36 List your Insurance Agency Affilia | ations: (Complete on | | | | | | | e busines | s entity) | |
| EEDI | NIDNI | | NI | £ A | | | | | | |
| FEIN | | | | | | | | | | |
| FEIN | | | | | | | | | | |
| FEIN | NPN | | Name o | of Agency | | | | | | |
| | | | Emplo | yment l | History | | | | | |
| 37 Account for all time for the past fi | | | | | vith your cu | rrent em | ployer w | orking ba | ck five years. In | clude full and part-time |
| work, self-employment, military serv | vice, unemployment a | and full-ti | ime educatio | on. | Fro | ım | 7 | Го | 1 | |
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| Name | | | | | | | | | | |
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Uniform Application for Individual Insurance Adjuster License

| Jurisdiction and Type of License Requested 8 Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying. | | | | | | | | | | | | | | | | |
|---|-----------|---------------------|------------|----------|----------|-------------|-----------|----------------|-------------------|----------------|-----------|---------------|--------------|---------|--------|--|
| Next to each j | urisdicti | on, chec | ck the lic | ense typ | e(s) and | line(s) | of author | rity for v | vhich yo | u are app | olyıng. | | | | | |
| License Types: A - Adjuster | | P – Property | | | | CROP – Crop | | WC | WC – Workers Comp | | | | | | | |
| Lines of Author | rity: | | | | | C – Ca | sualty | | M - N | 1 arine | CM Con | - nmercial | | | | |
| Limited Lines: | s: | | | | | | | PL- P Lines | Personal | | | | | | | |
| | | Licens | ве Туре | | | Maj | or Lines | of Autl | | | | L | imited Lines | of Autl | hority | |
| Jurisdiction | A | | | I | P | l c | S | M | ' | | CROP | WC | СМ | PL | | |
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Uniform Application for Individual Insurance Adjuster License

| Background Information | | |
|--|----------------------------|---|
| The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature. | | |
| 1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile 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 contendre, or having been given probation, a suspended sentence or a fine. | Yes No | |
| If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment, and | | |
| If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A Yes No | | |
| If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A Yes No | | |
| 2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? | Yes No | |
| "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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 identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. | | |
| 3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured, broker or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. | Yes No | |
| If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy. | | |
| 4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? | Yes No | |
| If you answer yes, identify the jurisdiction(s): | | |
| 5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration pr ,mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? | Yes No | |
| If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. | | |
| 6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? | Yes No | |
| If you answer yes, you must attach to this application: a) a written statement 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. | | |
| 7. Do you have a child support obligation in arrearage? | Yes No | |
| If you answer yes, a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support releated subpoena/warrant? If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency. | Months Yes No Yes No | , |

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Uniform Application for Individual Insurance Adjuster License

Applicant's Certification and Attestation

40 The Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that
 submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of
 the license and may subject me to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- 8. I hereby certify that upon request, I will furnish the jurisdiction (s) to which I am applying, certified copies of any documents to this application or requested by the jurisdiction (s).

| Month/Day/Year | |
|------------------------------------|------|
| Original Signature | |
| Full Legal Name (Printed or Typed) | |

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.

2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

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