



# Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

Application fee \$75.00

**Provider#**

\_\_\_\_\_

**For Departmental Use Only**

Provider Name: \_\_\_\_\_

FEIN # \_\_\_\_\_ - \_\_\_\_\_

Provider for Adjuster is:

- Statewide Agents Association       Institution of Higher Learning       Authorized Insurer  
 Insurance Trade Association       Bona Fide Education School       Public Institution (Exempt from fee)  
 Other \_\_\_\_\_

Will Provider be Administering Equivalent State Exam: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes see additional requirements attached to appl)

If a "Pre-Licensing Provider" is also administering an exam for Adjuster Licenses the exam must be proctored. The proctor(s) must be registered with the ALDOI Licensing Division. If the exam is a "Paper Exam" copies of that exam must be retained and available to the ALDOI upon request. Failure to comply may result in administrative action or loss of privilege to conduct exams.

Course to be Offered: mark all that apply

- Property & Casualty, Including Workers Compensation and Crop  
 Property & Casualty, Excluding Workers Compensation and Crop  
 Workers Compensation  
 Crop



# Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

Provider Representative \_\_\_\_\_

First Name

MI

Last

Street Address \_\_\_\_\_

Street or P.O.

City

State

Zip

Mailing Address \_\_\_\_\_

Street or P.O.

City

State

Zip

Phone (\_\_\_\_\_) \_\_\_\_\_, Fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Web Address \_\_\_\_\_

**\*\* Pre-Licensing Providers must be able to be reached by ALDOI by Mail, E-mail, or Phone. Any changes to these contacts must be submitted to the ALDOI within 10 days of change. Failure to do so may result in administrative action or loss of privilege to conduct pre-licensing courses.**

**\*\*\*If Pre-Licensing classes and/or State Exam will be given at an address other than the one provided on this application please list below. .**

Alt Address \_\_\_\_\_

Street

City

State

zip



## Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

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. "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 contendere, or having been given probation, a suspended sentence or a fine. Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or an final judgment.

2. 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 been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_\_\_ No \_\_\_\_\_

"Involved" means having a licensed 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 arbitative 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 to solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answered yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or an 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 or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that 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 payment, 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): \_\_\_\_\_



## Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

5. Are you currently a party to, or have you 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?

Yes \_\_\_ No \_\_\_

If you answered yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or an 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 relationships with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answered yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or an final judgment.

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 \_\_\_\_\_ Months
- b) are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant Yes \_\_\_ No \_\_\_

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 Provider revocation or denial of Provider course, material, and or examination and may subject you to civil or criminal penalties.

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date



## Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

Is this Provider acting as a Sole Proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_

If **no** please identify all owners, partners, officers and directors. Or member or managers.

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B \_\_\_\_\_

(You may attach additional members to this application)

**Mail Application with \$75.00 fee to:**

State of Alabama Department of Insurance

Producer Licensing Division/Pre-Licensing

P O BOX 303351

Montgomery AL 36130-3351

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires



## Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

### State Equivalent Exam: Additional Requirements

- Your formal Resume or vitae including your training and work experience as an adjuster and instructor and any letters of reference you wish to submit;
- Identify other states in which you are licensed as an adjuster and/or authorized to provide instruction and conduct testing (provide copies of any certificates/licenses if available);
- If you will employ others to offer instruction, please provide an Instructor Resume/Biography, including contact information for each person;
- Location(s) where the courses will be taught (if conducted in a classroom) and where the examinations will be provided with the names and contact information of anyone serving as a proctor for the exam;
- Indicate whether the exams will be taken online (i.e. electronically), or if paper exams be used. If you have not done so previously, provide copies of all versions of the exam to be offered;
- Provide a copy of the guidelines, policies and procedures for how the testing room will be organized and the exams conducted;
- If you are required to hold a local privilege or business license, please provide a copy of same;
- If your business is incorporated, or organized as a limited partnership, provide a copy of the articles of incorporation, or partnership agreement.

Please provide the above items, as applicable, within ten (10) days, or as soon as practical. Upon receipt, the submission will be added to your file and a prompt decision will be made regarding your application. **Also, be advised that you are required to maintain a list of those persons; including name, address, telephone number and SSN, who successfully complete the pre-licensing course; and if applicable, a copy of their examination, including both successful and unsuccessful attempts (records must be retained for 3 years).** If you have questions, please direct them to Ms. Fike at (334) 240-7575, or [deborah.fike@insurance.alabama.gov](mailto:deborah.fike@insurance.alabama.gov).



# Adjuster Pre-Licensing Provider Application

(FORM-ADJP)

Proctor Registration: Provider ID# \_\_\_\_\_ Add \_\_\_\_\_ Change \_\_\_\_\_

Name: \_\_\_\_\_

First

M.

Last

Address: \_\_\_\_\_

Home

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

City

State

Zip

(\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

Phone

Cell

Name: \_\_\_\_\_

First

M.

Last

Address: \_\_\_\_\_

Home

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

City

State

Zip

(\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

Phone

Cell

(Copies can be made to add additional Proctors)