

APPLICATION FOR ADJUSTER'S LICENSE

Total Fees: \$100

PLEASE COMPLETE THIS FORM & THEN SIGN IN THE PRESENCE OF A NOTARY PUBLIC

PLEASE TYPE OR PRINT CLEARLY

MAIL TO: Alabama Department of Insurance
PRODUCER LICENSING DIVISION
P. O. Box 303351
Montgomery, AL 36130-3351

DO NOT WRITE IN THIS SPACE

ALABAMA LICENSE NO.:
(Leave blank if not currently licensed in Alabama, and DOI will assign this number.)

SOCIAL SECURITY NUMBER
(If applicant is an individual):

FEDERAL TAXPAYER ID NUMBER
(if applicant is not individual):

1. FULL NAME OF APPLICANT:

2. HOME ADDRESS:
(Individuals only) Street (P.O. Box cannot be used on this line) City State Zip County Telephone No. E-mail address

3. BUSINESS ADDRESS:
P.O. Box or Street City State Zip County Telephone No. E-mail address

4. MAILING ADDRESS:
P.O. Box or Street City State Zip Fax No. E-mail address

5. Please indicate any other name by which Applicant may have been known (e.g.: alias, maiden name, d/b/a, etc. Indicate "NONE" if none.):

6. Mark [X] legal status of applicant (if not individual, MUST submit a copy of its organizational documents with this application):

- Individual Corporation Partnership Unincorporated firm or association Limited Liability Company

QUESTIONS 7 THROUGH 11 APPLY ONLY TO INDIVIDUALS (All other applicants skip to Question 12)

7. Date of Birth: / / Place of Birth:

8. Are you a citizen of the USA, or of Canada or Mexico, or a permanent resident under U.S. immigration laws? (Yes / No)

9. Are you a resident of the state of Alabama and, if so, for how long? [years] (Yes / No)
If different than in Item 2 above, give home address (city & state only) for the past five years (attach supplemental sheet if necessary):

10. If you are going to be associated with an adjusting firm, give its name and address and mark [X] your status with the firm.

Name of Agency P.O. Box or Street City State Zip License No.
STATUS: [] Owner or Partner [] Corporate Officer [] Employee [] Independent Contractor

11. Are you employed in any other business? (Yes / No)
If yes, please describe [attach additional sheet(s) if necessary]:

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS [Corporations, partnerships, etc., must answer these questions as to each officer, director, stockholder, partner, employee, etc., personally acting as an adjuster.]

12. Please identify the insurers for whom you now adjust claims [attach additional sheet(s) if necessary]:

13. Are you now licensed in any capacity other than as an adjuster by the Alabama Department of Insurance? (Yes / No)
If yes, describe the type license(s) and list the names of any and all insurance companies you may represent [attach additional sheet(s) if necessary]:

14. Are you now licensed as an adjuster or in any other capacity by any other state's Insurance Department? (Yes / No)
If yes, indicate the state(s) and type license(s) [attach additional sheet(s) if necessary]:

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- 15. Are you a graduate of a recognized law school?
16. Have you had experience in the handling of loss claims under insurance contracts?
17. Have you had special education or training as to handling loss claims under insurance contracts?
18. If you are a licensed Property & Casualty Producer, do you understand that you cannot act as an adjuster for an insurer with whom you have an agent's contract that provides for compensation retrospectively contingent upon losses incurred under insurance sold or serviced by you?
19. Have you EVER been charged with or convicted of a felony?
20. Do you understand that an adjuster's license authorizes you to act only on behalf of an insurer and not on behalf of the consumer?

NON-RESIDENT APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

- 21. For purposes of complying with the laws of the State of Alabama, do you agree to irrevocably appoint the Alabama Commissioner of Insurance, and his or her successors in office, to be your lawful attorney upon whom all legal process in any action or proceeding against you may be served; do you further agree that any lawful process against you which is served upon the Commissioner shall have the legal validity as if served personally upon you; do you further agree that this authority may be withdrawn only upon a written notice from you and in any event shall continue in effect so long as any liability arising out of this license remains outstanding in this state?
22. Do you understand that Section 27-9-8, Code of Alabama 1975, requires every licensed adjuster to maintain an office in this state which is accessible to the public wherein you must keep the usual and customary records pertaining to transactions under your Alabama adjusters license?
Alabama Office Address: Street (P.O. Box cannot be used on this line) City State Zip County Telephone No

I, the applicant named above, under penalty of perjury as set out in the Criminal Chapter of the Code of Alabama, 1975, hereby swear or affirm that I have read and understand every question in this application, Pages 1 and 2, and that my answers and responses to questions and inquiries contained in this application are true and correct and complete answers, and that all answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his or her duties under the Alabama Insurance Code in his or her decision upon this application, and that I am withholding no information which would affect my qualifications for the license for which I am making application.

I UNDERSTAND THAT IF I ANSWER ANY QUESTION ON THIS APPLICATION FALSELY, IN ADDITION TO BEING CRIMINALLY PROSECUTED FOR PERJURY, I MAY BE SUBJECT TO THE SUSPENSION OR REVOCATION OF MY INSURANCE LICENSE.

CAUTION: DO NOT SIGN UNLESS YOU HAVE CAREFULLY REVIEWED THE INSTRUCTIONS AND ALL OF YOUR ANSWERS ON PAGES ONE AND TWO ARE TRUE AND CORRECT.

If not signed by individual Applicant, complete the following as to the duly authorized representative:

Original signature of Applicant (if an individual) or of Duly Authorized Representative (if not an individual)

Title:
Mailing Address:
Telephone Number:

Typed or Printed Name of Applicant or of Duly Authorized Representative

STATE OF
COUNTY OF

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this day of, 200.

Before me, the undersigned authority, personally appeared the above-named individual or duly authority representative, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

(NOTARY SEAL)

Notary Public (Original Signature)
My Commission Expires:

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INSTRUCTIONS:

1. Pages 1 and 2 of this form must be completed by the applicant Adjuster. If currently licensed in this state, the Alabama license number should be shown on Page 1. If not currently licensed, the Department will assign a number upon filing.
2. All applicants must complete Questions 1-20, except applicants who are not individuals should skip Questions 7-11. Non-resident applicants must also complete Questions 21-22. Failure to fully answer any question will delay processing of this application.
3. An application fee of \$20 plus a license fee of \$80 (total fees in the amount of \$100) must accompany this application. An application will be returned without processing if not accompanied by the fees indicated above. Make check or money order payable to "**Commissioner of Insurance, State of Alabama.**"
4. Application and \$100.00 fee should be mailed to:

**ALABAMA DEPARTMENT OF INSURANCE
PRODUCER LICENSING DIVISION
P. O. BOX 303351
MONTGOMERY, ALABAMA 36130-3351**

*** NOTE: WE NO LONGER MAIL OUT LICENSES. AFTER 5 TO 7 DAYS GO TO WWW.ALDOI.GOV AND CLICK ON LICENSING AND THEN CLICK ON LICENSEE SEARCH. PUT IN YOUR NAME, LICENSEE TYPE AND THEN CLICK SUBMIT. IF LICENSE HAS BEEN ISSUED, YOU WILL GET YOUR LICENSE NUMBER TO ALLOW YOU TO THEN GO TO PRINT YOUR LICENSE.**