

Application Form

Current Status: Available Unavailable Date Available for Work: _____

Comments: _____

*Last Name: _____ *First Name: _____ M.I.: _____

Name you go by: _____

Social Security Number: _____

*Do you wish to be paid: as an Individual _____ or as a Business _____

Business name: _____ Tax I.D. #: _____

*Home mailing address – Street: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone: _____ *Cell Phone: _____

Fax Number: _____

*Email address: _____

*Emergency Contact: _____

*Relationship: _____ *Emergency Phone Number: _____

1. Year you started adjusting claims: _____

2. Types of claims that you have had direct claims experience with:

(Check all that apply AND write number of years experience for each that you check)

Type of Claims	Yes	# Years	Type of Claims	Yes	# Years
Personal Lines Property			Personal Lines Liability		
Commercial Property			Commercial Liability		
Business Interruption			Auto		
Flood			Inland Marine		

3. Types of catastrophes that you have had direct claims experience with:

(Check all that apply AND write number of years experience for each that you check)

Type of Catastrophes	Yes	# Years	Type of Catastrophes	Yes	# Years
Hail			Earthquake		
Tornado			Other First Party Cats		
Hurricane			Liability Cat		
Flood			Fire		

4. Designations you possess (Check all that apply): AIC CPCU RPA NFIP Other:

*5. E & O Coverage: Do you have a policy in force? Yes No

*6. Do you currently hold a California earthquake certification? Yes No

*8. Are you willing to obtain a California earthquake certification? Yes No

*9. Your Educational Background *(Check highest level completed)*:

High School Graduate Some College College Graduate Post Graduate

*10. Are you Bilingual: Yes No Language(s): _____

*11. Have you ever been a Catastrophe Supervisor? Yes No If yes, please give details:

12. Insurance Adjuster License(s):

State: _____ License #: _____ Type: _____

State: _____ License #: _____ Type: _____

State: _____ License #: _____ Type: _____

13. Other Certifications? Yes No If yes, please list:

Company: _____ Details: _____

Company: _____ Details: _____

Company: _____ Details: _____

Company: _____ Details: _____

*14. Are you proficient in using Xactimate software?: Yes No

*15. Do you have any limitations that would prevent you from carrying, setting up and using a ladder to inspect a one or two story roof? Yes No

*16. Have you ever had your adjuster's license suspended or revoked? Yes No

If yes, please give details: _____
