



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**MISSOURI UNIFORM APPLICATION FOR PUBLIC ADJUSTER, PUBLIC
 ADJUSTER SOLICITOR, OR SURPLUS LINES**

P.O. BOX 690 OR
 P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
 JEFFERSON CITY, MO 65102
 TELEPHONE: (573) 751-3518
 www.insurance.mo.gov

THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE

PART I – LICENSE TYPE REQUESTED - CHECK APPROPRIATE BOX (ONLY ONE TYPE PER APPLICATION)

Public Adjuster Public Adjuster Solicitor Surplus Lines (Individuals Only)

**** SEE PART VI - GENERAL INSTRUCTIONS ****

PART II (A) – INDIVIDUAL IDENTIFICATION (Do not complete if you are applying for a corporate license.)

A. SOCIAL SECURITY NUMBER		B. DATE OF BIRTH (MM/DD/YYYY)		
C. FULL LEGAL NAME OF APPLICANT - LAST NAME		FIRST NAME	MIDDLE NAME (IF NONE, ENTER N/A)	JR./SR.
D. RESIDENCE ADDRESS - REQUIRED	STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS - OPTIONAL	STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS - OPTIONAL	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
E. HOME TELEPHONE	INDIVIDUAL APPLICANT'S EMAIL ADDRESS		BUSINESS TELEPHONE	

F. ARE YOU A CITIZEN OF THE UNITED STATES?
 YES NO If **NO**, of which country are you a citizen? _____

G. HAS RESIDENCE ADDRESS CHANGED IN THE LAST 12 MONTHS?
 YES NO If **YES**, list former residence address:
 (street) _____ (city) _____ (state) _____ (zip code) _____

PART II (B) – CORPORATE IDENTIFICATION (Do not complete if you are applying for an individual license.)

A. FEIN		B. INCORPORATION/FORMATION DATE		
C. BUSINESS NAME				
D. LEGAL ADDRESS - REQUIRED	STREET ADDRESS	CITY	STATE	ZIP CODE
E. MAILING ADDRESS - OPTIONAL	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
F. TELEPHONE NUMBER	EMAIL ADDRESS			

G. OFFICERS, OWNERS, AND DIRECTORS: (IDENTIFY ALL OFFICERS, OWNERS AND DIRECTORS OF THE BUSINESS. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.)

NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
			OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
			OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO

(continued)

Mail Completed Application To:

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
P.O. Box 4001
Jefferson City, MO 65102

PART VI – GENERAL INSTRUCTIONS

EXAMINATION SCORES are valid for one year

SURPLUS LINES APPLICANTS – INDIVIDUALS ONLY

- A. Residents must take and pass the surplus lines examination.
- B. All applicants must hold, or be applying for, an active Missouri property and casualty producer license.
- C. The agency the applicant is associated with must hold, or be applying for, a Missouri business entity producer license.

D. Applicants must submit with the completed application:

- 1. Non-residents must provide an original letter of certification dated within the past six months issued by their resident state department of insurance indicating they are individually licensed for surplus lines.
- 2. \$100.00 application fee in the form of a check or money order, made payable to the Department of Commerce and Insurance.

PUBLIC ADJUSTER APPLICANTS – INDIVIDUALS

- A. Residents and non-residents must take and pass the Missouri public adjuster examination.
- B. All public adjuster applicants must answer the following questions:
 - 1. If a \$1,000.00 bond is being submitted, give the name, address, and license number of the licensed public adjuster by whom you will be employed:

NAME	LICENSE NUMBER
ADDRESS	

- 2. Do you agree that neither you, nor any corporation, partnership or association of which you are an officer or director, during your connection therewith will, directly or indirectly, solicit, or enter into, an agreement for the repair or replacement of damaged property on which you, or any other person mentioned above, have been engaged as public adjuster or public adjuster solicitor to adjust or settle claims for losses on damages arising out of policies of property insurance? YES NO
- 3. Do you agree that you will not employ, accept employment or become associated with, any person as a partner, member, officer, director, or otherwise, whose license as a public adjuster or public adjuster solicitor has been revoked by the Director of the Department and will not employ any person who has ever been convicted of a felony or of any crime or offense involving fraudulent or dishonest practice or of violation of any provision of Chapter 325? YES NO

C. Applicants must submit with the completed application:

- 1. Non-residents must provide an original letter of certification dated within the past six months issued by their resident state department of insurance.
- 2. A \$10,000.00 corporate surety bond, unless the applicant will be employed by a person, partnership, association, or corporation which is licensed as a public adjuster that has submitted a \$10,000.00 corporate surety bond, in which case a \$1,000.00 corporate surety bond will suffice. A Power of Attorney must be submitted with the \$10,000.00 or \$1,000.00 bond.
- 3. \$100.00 application fee in the form of a check or money order, made payable to the Department of Commerce and Insurance.

PUBLIC ADJUSTER APPLICANTS – CORPORATIONS, ASSOCIATIONS, OR PARTNERSHIPS

- A. Public Adjuster Firm applicants must be registered with the Missouri Secretary of State Office and in good standing.
- B. All public adjuster applicants must answer the following questions:
 - 1. Under which state's law was firm organized: _____ .
 - 2. Does applicant agree that it will not employ, have associated with it as a partner, member, officer, director, or otherwise any person whose license as a public adjuster or public adjuster solicitor has been revoked by the Director of the Department, and will not employ any person who has ever been convicted of a felony or of any crime or offense involving fraudulent or dishonest practice or of violation of any provision of Chapter 325? YES NO
 - 3. Does applicant agree that it will not, directly or indirectly, solicit, or enter into, an agreement for the repair or replacement of damaged property on which it has been engaged as public adjuster to settle claims for losses or damages arising out of policies of property insurance? YES NO

(continued)

C. Applicants must submit with the completed application:

1. A copy of the Certificate of Incorporation or a Certificate of Good Standing issued by the Missouri Secretary of State, and dated within the past year (corporations), or a copy of the Registration of Fictitious Name (partnerships).
2. A \$10,000.00 corporate surety bond is required. A Power of Attorney must be submitted with the \$10,000.00 bond.
3. A list of names, addresses, social security numbers, and titles of all employees, partners, members, officers, and directors who **are** licensed as public adjusters or public adjuster solicitors. (List on separate sheet of paper.)
4. A list of names, addresses, social security numbers, and titles of all employees, partners, members, officers, and directors who **are not** licensed as public adjusters or public adjuster solicitors. (List on separate sheet of paper.)
5. \$100.00 application fee in the form of a check or money order, made payable to the Department of Commerce and Insurance.

PUBLIC ADJUSTER SOLICITOR APPLICANTS

A. Residents and non-residents must take and pass the Missouri public adjuster solicitor examination.

B. All public adjuster solicitor applicants must answer the following questions:

1. Give name, address, and license number of the licensed public adjuster by whom you will be employed:

NAME	LICENSE NUMBER
ADDRESS	

2. Do you agree that neither you, nor any corporation, partnership or association of which you are an officer or director, during your connection therewith will, directly or indirectly, solicit, or enter into, an agreement for the repair or replacement of damaged property on which you, or any other person mentioned above, have been engaged as public adjuster or public adjuster solicitor to adjust or settle claims for losses on damages arising out of policies of property insurance? YES NO

C. Applicants must submit with the completed application:

1. Non-residents must provide an original letter of certification dated within the past six months issued by their resident state department of insurance.
2. A \$1,000.00 corporate surety bond is required. A Power of Attorney must be submitted with the \$1,000.00 bond.
3. \$100.00 application fee in the form of a check or money order, made payable to the Department of Commerce and Insurance.

THIS APPLICATION MAY BE PHOTOCOPIED