



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
APPLICATION FOR PUBLIC ADJUSTER

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 P.O. BOX 4001
 JEFFERSON CITY, MO 65102
 TELEPHONE: (573) 751-3518
 www.insurance.mo.gov

Have you or an immediate family member ever served in the U.S. Armed Forces?
 If yes, please check the box if you would like information about military-related services in Missouri?

CHECK APPROPRIATE BOX

New Application Renewal Application

**** SEE PART V - GENERAL INSTRUCTIONS ****

PART I – INDIVIDUAL IDENTIFICATION

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	STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS	STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
E. HOME/CELL PHONE	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 – BACKGROUND INFORMATION

A. DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN INSURANCE PRODUCER OR BAIL BOND LICENSE IN ANOTHER STATE IN THE U.S. OR THE PROVINCES OF CANADA?
 YES NO If YES, and the license is still in force, attach a certification letter from your home state.

B. HAS ANY DISCIPLINARY ACTION, INCLUDING BUT NOT LIMITED TO, REFUSAL, SUSPENSION, REVOCATION, EVER BEEN TAKEN BY ANY REGULATORY AGENCY IN ANY STATE OR PROVINCE OF CANADA AGAINST YOU OR ANY BUSINESS WITH WHICH YOU HAVE BEEN DIRECTLY CONNECTED?
 YES NO If YES, provide full explanation on a separate sheet of paper and a certified copy of the documents from the agency imposing discipline.

C. HAVE YOU EVER BEEN CONVICTED OF OR PLED NOLO CONTENDERE (NO CONTEST) TO ANY MISDEMEANOR OR FELONY, OR CURRENTLY HAVE PENDING MISDEMEANOR OR FELONY CHARGES FILED AGAINST YOU? (MISDEMEANOR DOES NOT MEAN MINOR TRAFFIC VIOLATIONS.)
 YES NO If YES, give date, name and address of court, basis of charge, outcome, and whether you received an executive pardon. Also, attach certified copies of the information or indictment and the final adjudication.

D. HAS ANY PROFESSIONAL LICENSE (OTHER THAN INSURANCE) HELD OR APPLIED FOR BY YOU BEEN REVOKED, SUSPENDED, REFUSED, OR THE RENEWAL THEREOF DENIED BY A REGULATORY BODY OR OFFICIAL OF ANY STATE, DISTRICT, OR TERRITORY?
 YES NO If YES, provide full explanation on a separate sheet of paper and a certified copy of the documents from the agency imposing discipline.

E. DOES ANY INSURANCE COMPANY, BUSINESS ENTITY PRODUCER (AGENCY), OR PRODUCER (AGENT OR BROKER) CONTEND OR ALLEGE THAT IT HAS MONEY OR SUMS DUE FROM YOU OTHER THAN SUMS DUE FOR THE APPLICANT'S PERSONAL INDIVIDUAL INSURANCE NEEDS?
 YES NO If YES, provide full explanation on a separate sheet of paper and any documents related to the matter.

F. HAVE YOU EVER HAD A SURETY BOND REFUSED, REVOKED, OR CANCELLED?
 YES NO If YES, provide full explanation on a separate sheet of paper and any documents related to the matter.

G. HAVE YOU EVER BEEN A DIRECTOR, OFFICER, OR OWNER OF AN INSURANCE COMPANY OR AGENCY, WHICH WAS PLACED IN BANKRUPTCY, CONSERVATORSHIP, REHABILITATION, OR ANY OTHER FORM OF DELINQUENCY PROCEEDINGS?
 YES NO If YES, provide full explanation on a separate sheet of paper.

H. DO YOU HAVE A CHILD SUPPORT OBLIGATION IN ARREARAGE?
 YES NO If YES, how many months are you in arrearage? _____ months State of: _____

PART III – EMPLOYMENT RECORD (DO NOT COMPLETE IF YOU ARE RENEWING YOUR LICENSE.)

A. WILL YOU BE EMPLOYED BY AN INSURANCE BUSINESS ENTITY?
 YES NO If YES, complete 1-4 below.

1. FULL AND EXACT NAME OF INSURANCE BUSINESS ENTITY

2. MO BUSINESS ENTITY LICENSE NUMBER LICENSE ISSUED BY THE MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

3. ADDRESS OF BUSINESS ENTITY STREET CITY STATE ZIP CODE

4. TELEPHONE NUMBER OF BUSINESS ENTITY

B. List below your employment history for the past 5 years, **beginning with your current place of employment.** (If additional space is needed, attached a separate sheet of paper.)

DATES OF EMPLOYMENT		FULL AND EXACT NAME OF COMPANY	ADDRESS OF COMPANY	POSITION HELD
FROM	TO			

PART IV – APPLICANT CERTIFICATION

You, as the applicant, certify that the statements contained in this application are true to the best of your knowledge and belief, 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, and further 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.

SIGNATURE OF APPLICANT	DATE
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PART V – GENERAL INSTRUCTIONS

NEW APPLICANTS

- A. Residents and non-residents must take and pass the Missouri public adjuster examination.
- B. \$100 application fee.
- C. A \$10,000 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 corporate surety bond, in which case a \$1,000 corporate surety bond is required. Submit a Power of Attorney with the \$10,000 or \$1,000 bond.
- D. If a \$1,000 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	

RENEWAL APPLICANTS

- A. \$50 renewal fee.
- B. Has anything changed with your bond? Yes No
If yes, submit a new bond with a Power of Attorney.
- C. Give the name, address, and license number of the licensed public adjuster by whom you will be employed.

NAME	LICENSE NUMBER
ADDRESS	

Email Completed Application and Attachments To: dci.ins.deposit@insurance.mo.gov
If you email, you will receive additional instructions for electronic payment.

OR

Mail Completed Application and Attachments To: MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
P.O. Box 4001
Jefferson City, MO 65102
Payment will be in the form of a check or money order.