



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
 LICENSING SECTION
**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
NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO

(continued)

PART III – BACKGROUND INFORMATION (To be completed by Individual AND Corporate Applicants.)

Corporate Applicant: Questions should be considered by each officer/owner/director. If any of the questions in Part III, A-H, can be answered, “yes”, by any officer/owner/director, the question should be checked, “yes”, and documentation must be attached. If needed, attach a sheet of paper for additional space.

- A. DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN INSURANCE 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 IV – EMPLOYMENT RECORD (Do not complete if you are applying for a corporate 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 INSURANCE; FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
- 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 V – APPLICANT SIGNATURE (If applying for a corporate license, application must be signed by an officer.)

This applicant first being duly sworn upon his/her oath, states that the statements contained in the above and foregoing application are true to the best of his/her knowledge and belief.

SIGNATURE OF APPLICANT	DATE
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THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED FOR CORRECTION.

Mail Completed Application To:

MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
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 DIFP - 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 DIFP - 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 DIFP - 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 DIFP - Insurance.

THIS APPLICATION MAY BE PHOTOCOPIED