



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**APPLICATION FOR PUBLIC ADJUSTER CORPORATION**

Email Application To: dci.ins.deposit@insurance.mo.gov  
 Mail: Missouri Department of Commerce and Insurance  
 PO Box 4001  
 Jefferson City, MO 65102  
 Questions: licensing@insurance.mo.gov

**CHECK APPROPRIATE BOX**

New Application  Renewal Application

**PART I – CORPORATE IDENTIFICATION**

A. FEIN	B. INCORPORATION/FORMATION DATE	STATE OF FORMATION	NATIONAL PRODUCER NUMBER (NPN), IF RENEWAL
C. BUSINESS NAME			
D. LEGAL ADDRESS	STREET ADDRESS	CITY	STATE ZIP CODE
E. MAILING ADDRESS	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
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
NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO

**PART II – BACKGROUND INFORMATION**

Questions should be considered by each officer/owner/director. If any of the questions in Part II 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 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 – APPLICANT CERTIFICATION (APPLICATION MUST BE SIGNED BY AN OFFICER.)**

This applicant certifies that the statements contained in this application are true to the best of his/her knowledge and belief, agrees that the applicant 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 Missouri Department of Commerce and Insurance, 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, and further agrees that the applicant 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.

SIGNATURE OF APPLICANT	PRINTED NAME	TITLE	DATE
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**PART IV – GENERAL INSTRUCTIONS**

**NEW APPLICANTS**

- A. \$100 application fee.
- B. A \$10,000 corporate surety bond is required. A Power of Attorney must be submitted with the \$10,000 bond.
- C. 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).
- D. A list of names, addresses, NPN or license 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.)

NAME	TITLE	ADDRESS	NPN/LICENSE #

- E. A list of names, addresses, and titles of all employees, partners, members, officers, and directors who **are not** licensed as public adjusters or public adjuster solicitors. Additional information may be requested by the Department. (List on separate sheet of paper)

NAME	TITLE	ADDRESS

**RENEWAL APPLICANTS**

- A. \$50 renewal fee
- B. 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).
- C. Has anything with your bond changed?  Yes  No  
If yes, submit a new bond with a Power of Attorney.

**Email Completed Application and Attachments To:** [dci.ins.deposit@insurance.mo.gov](mailto:dci.ins.deposit@insurance.mo.gov)

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

**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.