



(Please Print or Type)

Check appropriate box for type of Adjuster:

- ☐ Public Insurance Adjuster  
☐ Public Insurance Adjuster Agent

Adjuster Information Section

1. Last Name	2. First Name	3. Middle Name		
4. NIPR Transaction Number	5. Date of Birth (MM/DD/YY)	6. Social Security Number (last 4 digits)		
7. Email Address		8. Telephone Number		
9. Mailing Address	10. PO Box	11. City	12. State	13. Zip or Foreign Country

Public Insurance Adjuster Bond Form

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_ of \_\_\_\_\_ as principal and \_\_\_\_\_. As surety, are held and firmly bound unto the State of Ohio in the sum of One Thousand Dollars (\$1,000.00), lawful money of the United States, for the payment of which sum well and truly made, we and each of us bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly, by these presents.

The conditions of the above obligation are that, whereas the above-named principal has made application to the Superintendent of Insurance of the State of Ohio, for a certificate as a Public Insurance Adjuster, in accordance with the provisions of sections 3951.01 to 3951.09, both inclusive of the Revised Code of Ohio, and particularly in accordance with the provisions of section 3951.06(D).

NOW THEREFORE if the said \_\_\_\_\_ principal, shall, in the event he/she receives a certificate as Public Insurance Adjuster, conduct himself/herself in accordance with the provisions of section 3951.01 to 3951.09, both inclusive of the Revised Code of Ohio, then this obligation shall be void; otherwise, if the above-named principal, in the event that he/she receives a certificate as a Public Insurance Adjuster, then shall be found guilty of fraudulent or dishonest practices in connection with the transaction of business as a Public Insurance Adjuster, then the State of Ohio may invoke recovery for and on behalf of any and all injured parties of the sum provided in this bond.

IN TESTIMONY WHEREOF said parties have hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

**A COPY OF THE POWER OF ATTORNEY EVIDENCING AUTHORITY OF THE SIGNER OF THE BOND  
ON BEHALF OF THE SURETY MUST BE ATTACHED.**