



# Department of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith L. French, Director

## Individual Public Insurance Adjuster Certificate of Authority License Application

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2665 | 614-387-0096 (Fax) | insurance.ohio.gov

(Please Print or Type)

### Check appropriate box for license requested:

- ☐ Resident License  
☐ Non-Resident License

- Identify Home State: \_\_\_\_\_
- Identify Home State License #: \_\_\_\_\_

### Check appropriate box for type of Adjuster:

- ☐ Public Insurance Adjuster  
☐ Public Insurance Adjuster Agent

### Demographic Information

① Social Security Number	② If assigned, National Producer Number (NPN)	③ Mobile Phone Number
④ Last Name JR./SR. etc	⑤ First Name	⑥ Middle Name
⑦ Date of Birth (M/D/YY)		
⑧ Residence/Home Address (Physical Street)		⑨ City
⑩ State		⑪ Zip or ⑫ Foreign Country
⑬ Home Phone Number	⑮ Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	⑯ Are you a Citizen of the United States? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, of which country are you a citizen? _____) (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)
⑭ Individual Applicant Email Address:		
⑰ Business Entity's Name		
⑱ Business Address (Physical Street)	⑲ P.O. Box	⑳ City
㉑ State	㉒ Zip or ㉓ Foreign Country	
㉔ Business Phone Number (extension)	㉕ Business Fax Number	㉖ Business E-Mail Address
㉗ Business Web Site Address		
㉘ Applicant's Mailing Address	㉙ P.O. Box	㉚ City
㉛ State	㉜ Zip or ㉝ Foreign Country	
㉞ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval.)		

### Agency or Business Entity Affiliations

㉟ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN	_____	NPN	_____	Name of Agency	_____
FEIN	_____	NPN	_____	Name of Agency	_____
FEIN	_____	NPN	_____	Name of Agency	_____

### Employment History

㊱ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	

## Background Questions

38 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. Have you ever been convicted of a **MISDEMEANOR**, had a judgment withheld or deferred, or are you currently charged with committing a **MISDEMEANOR**? ☐ Yes ☐ No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

- 1b. Have you ever been convicted of a **FELONY**, had a judgment withheld or deferred, or are you currently charged with committing a **FELONY**? ☐ Yes ☐ No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? ☐ N/A ☐ Yes ☐ No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) ☐ N/A ☐ Yes ☐ No

- 1c. Have you ever been convicted of a **MILITARY OFFENSE**, had a judgment withheld or deferred, or are you currently charged with committing a **MILITARY OFFENSE**? ☐ Yes ☐ No

**NOTE:** For Questions 1a, 1b, and 1c, "**Convicted**" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answered "**Yes**" to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? ☐ Yes ☐ No

**"Involved"** means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. **"Involved"** also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. **"Involved"** also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. **INCLUDE** any business so named because of your actions in your capacity as an owner, partner officer, director, or member or manager of a Limited Liability Company. You may **EXCLUDE** terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answered "**Yes**" to question 2, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. ☐ Yes ☐ No

If you answered "**Yes**" to question 3, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy on a separate sheet.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? ☐ Yes ☐ No

If you answered "**Yes**" to question 4, identify the jurisdiction(s): \_\_\_\_\_

Applicant's Name \_\_\_\_\_

## Background Questions (continued)

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ Yes ☐ No

If you answered "Yes" to question 5, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer, director, or member or manager of a liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ Yes ☐ No

If you answered "Yes" to question 6, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? ☐ Yes ☐ No

If you answered "Yes" to question 7, answer the following questions:

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to and in compliance with any repayment agreement? ☐ Yes ☐ No
- c) are you the subject of a child support related subpoena/warrant? ☐ Yes ☐ No

(If "Yes", provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. Do you have a financial interest in or have you ever been or are you presently employed by, associated with or affiliated with any business that engages in any form of construction (residential or commercial), home improvement, razing, refurbishing, remodeling, or repairing of or upon any part of real or personal property? ☐ Yes ☐ No

If Yes, provide the following information on a separate attachment:

- a) State the name(s) of such business(es);
- b) List the relationship with or interest in such business(es); and
- c) List the relevant time periods.

9. Have you or do you currently hold any other professional licenses? ☐ Yes ☐ No

If Yes, provide the license type(s) and dates of licensure on a separate attachment.

10. Do you understand and agree NOT to: ☐ Yes ☐ No

- a) Engage in any manner or degree, for compensation of any kind, in the business of repairing, remodeling, or replacing damaged or destroyed property, real or personal, which damage or destruction is covered by a policy of insurance; nor have any direct or indirect interest in, nor receive compensation of any kind from any person, firm, association, partnership, or corporation which is engages in such business.
- b) Attempt in any manner to solicit a loss during the progress of a fire or while the fire department or any of its representatives are in any manner engaged at the damaged premises; nor in any way interfere with the performance of the duties of an investigator of the State Fire Marshal's Office, an investigator of any fire department, or a law enforcement official of this State or of any political subdivision thereof.
- c) Give or offer to give to an insured or representative any portion of the adjuster's fee or anticipated settlement of the claim for loss or damage as an inducement to secure a contract for the adjustment of a loss.
- d) Represent yourself to be an adjuster for or a representative of any insurance company, a fire investigator, or a person connected with any fire department or law enforcement agency.
- e) Compensate any person to act on his behalf in the solicitation, negotiation, or settlement of a claim unless such person is licensed as a public insurance adjuster or a public insurance adjuster agent.
- f) Make an inventory or estimate of loss or damage other than that which is fair and honest.
- g) Own or acquire any direct or indirect financial interest in any property, real or personal, which is the subject of a loss adjusted by yourself; nor have any direct or indirect financial interest in the sale of any salvage of any property which is the subject of a loss adjusted by yourself.
- h) Make any misrepresentations of facts or advise any insured or insurer on any question of law or perform any service constituting the practice of law, nor shall any such holder of a certificate of authority in handling a claim, advise any insured or insurer to refrain from retaining counsel to protect your interest.
- i) Use any form of a public adjusting contract that has not been previously filed with, and approved by, the Ohio Department of Insurance.

Applicant's Name \_\_\_\_\_

**Background Questions (continued)**

11. Do you agree to keep a full record of your transactions as an adjuster for the previous three years and such records shall be open at all times to the inspection of the Superintendent of Insurance or representative? ☐ Yes ☐ No

Such records shall show for each loss adjusted by you the following items:

- a) The name of the insured;
- b) The date, location and the public insurance adjuster's estimate of the amount of loss;
- c) The name of the insurer or insurers that issued any policy covering the loss which was the subject of the adjustment;
- d) The amount of coverage, the expiration date, and the number of each policy of insurance covering such loss;
- e) An itemized statement of all recoveries by the insured from all sources with regard to such loss;
- f) The names and addresses of any person or persons soliciting the adjustment on behalf of the public insurance adjuster and the date and time when solicited;
- g) The total compensation received by the public insurance adjuster for the adjustment of the loss;
- h) Copies of any agreements between the public insurance adjuster and the insured;
- i) Names and addresses of all contractors who performed or contracted to perform work of any kind on the damaged or destroyed property prior to settlement of the claim.

**Public Insurance Adjuster Agent Section**

39

Public Insurance Adjuster Agents must be sponsored by a licensed individual or business entity Public Insurance Adjuster. The representative may only be sponsored with one adjuster at a time. Provide the following information if renewing a PIAA license:

- a) Name of sponsoring Public Insurance Adjuster: \_\_\_\_\_
- b) NPN or FEIN of sponsoring adjuster: \_\_\_\_\_
- c) Signature of sponsoring Adjuster: \_\_\_\_\_
- d) Date of PIA sponsorship signature: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**Applicant's Certification and Affidavit of Applicant****④① The Applicant must read the following very carefully:**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, (a) I have no child-support obligation, (b) I have a child-support obligation and I am currently in compliance with that obligation, or (c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident license applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**I do solemnly swear to or affirm under penalty that I am the person named therein and that the statements herein contained are true.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name: (Printed or Typed) \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn to or affirm before me this \_\_\_\_\_ Day of \_\_\_\_\_, 2 \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 2 \_\_\_\_\_

**Application Attachments****④① The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.**

1. A non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$100.00 (Public Insurance Adjusters);
2. A non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$50.00 (Public Insurance Adjuster Agents);
3. Copy of the form that will be used as the contract in Ohio (Public Insurance Adjusters only);
4. Proof of bond in the amount of at least \$1,000.00, payable to the "State of Ohio";
5. Completion of the Ohio Specific bond form and notary section of this application; and
6. If necessary, any required supporting details or documents.

**Public Insurance Adjuster Bond Form**

(42)

**OHIO SPECIFIC PUBLIC INSURANCE ADJUSTER BOND**  
**As required by section 3951.06(D) of the Revised Code**

Bond Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

We, \_\_\_\_\_, as Principal and an applicant for an Ohio Public Insurance Adjuster license and \_\_\_\_\_, as Surety hereon and admitted to conduct surety business in Ohio, bind ourselves, to the State of Ohio in the sum of one thousand (\$1,000) dollars, which sum shall be the limit of total aggregate liability hereunder. The condition of this obligation is such that the said Principal has applied to the Superintendent of Insurance of the State of Ohio, for a certificate of authority as a Public Insurance Adjuster, in accordance with the provisions of sections 3901.01 to 3951.09 of the Revised Code, and particularly in accordance with the provisions of section 3951.06(D) of the Revised Code.

If such license is issued to the said Principal, the Principal shall faithfully comply with sections 3951.01 to 3951.10 of the Revised Code.

The Surety shall be released from liability for future breaches of the condition of this bond upon giving sixty (60) days written notice to the Principal and the Superintendent of Insurance of its desire to be released.

In witness whereof, the Principal has subscribed the Principal's full and correct name on the date and at the place entered opposite the Principal's signature, and the Surety has subscribed its full and correct name and affixed its corporate seal, if any, on the date and at the place shown opposite its signature.

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Surety: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

**IN TESTIMONY WHEREOF,**

Said parties have hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Principal)\_\_\_\_\_  
(Surety)\_\_\_\_\_  
(Witness)

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