



# Department of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith L. French, Director

## Individual Public Insurance Adjuster Certificate of Authority Renewal/Continuation

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
1-614-644-2665 | 1-614-387-0096 (Fax) | insurance.ohio.gov

(Please Print or Type)

### Check appropriate box for license requested:

- ☐ Resident OH License #: \_\_\_\_\_
- ☐ Non-Resident OH 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 National Producer Number (NPN)		② Date of Birth	
③ Last Name JR./SR. etc		④ First Name	
⑤ Residence/Home Address (Physical Street)	⑥ City	⑦ State	⑧ Zip or Foreign Country
⑨ Individual Applicants Email Address			
⑩ Business Entity's Name			
⑪ Business Address (Physical Street)	⑫ P.O. Box	⑬ City	⑭ State
⑮ Zip or Foreign Country			
⑯ Business Phone Number (extension)	⑰ Business Fax Number	⑱ Business E-Mail Address	⑲ Business Web Site Address
⑳ Mailing Address	㉑ P.O. Box	㉒ City	㉓ State
㉔ Zip or Foreign Country			

### Agency or Business Entity Affiliations

㉕ 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 _____

### Background Questions

㉖ 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**, which has not been previously reported to this insurance department? ☐ 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**, which has not been previously reported to this insurance department? ☐ 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

## Background Questions (Continued)

- 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**, which has not been previously reported to this insurance department? ☐ 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, which has not been previously reported to this insurance department? ☐ Yes ☐ No

“**Involved**” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? ☐ Yes ☐ No

If you answered “**Yes**” to question 3, answer the following:

- 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

4. Since your last application or renewal have you had a claim made on a bond or ever been denied an individual position schedule fidelity bond, or had a bond cancelled or revoked? ☐ Yes ☐ No

If Yes, details must be provided.

5. Do you have a financial interest in or since your last application or renewal have you 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);
- c) List the relevant time periods.

6. Since your last application or renewal have you held any other professional licenses? ☐ Yes ☐ No

If Yes, provide the license types and dates of licensure on a separate attachment.

7. Are you a member or veteran of the armed forces, or the spouse or surviving spouse of a service member or veteran? ☐ Yes ☐ No

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

**PUBLIC INSURANCE ADJUSTER AGENT SECTION****27**

**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: \_\_\_\_\_

**28 The Producer 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. 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 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)

Subscribed and sworn to or affirm before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

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

My commission expires \_\_\_\_\_, 20\_\_\_\_

**Application Attachments**

**29** 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 \$50.00;
2. Proof of \$1,000.00 bond or continuation of bond payable to the "State of Ohio";
3. Completion of the attached Ohio Specific bond form;
4. Public Insurance Adjusters only: A copy of the form that will be used as the contract, only if changed from contract on file with the Department; and
5. If necessary, any required supporting details or documents.

**Public Insurance Adjuster Bond Form**

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**Ohio Revised Code Section 3951.06(D)**

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)