



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

Form with fields for National Producer Number (NPN), Date of Birth, Last Name, First Name, Residence/Home Address, City, State, Zip or Foreign Country, Individual Applicants Email Address, Business Entity's Name, Business Address, P.O. Box, Business Phone Number, Business Fax Number, Business E-Mail Address, Business Web Site Address, Mailing Address, P.O. Box, City, State, Zip or Foreign Country.

Agency or Business Entity Affiliations

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

Background Questions

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...
1b. Have you ever been convicted of a FELONY...
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?
If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

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 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)