



# Business Entity Public Insurance Adjuster Certificate of Authority License Application

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2665 | 614-387-0087 (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 #: \_\_\_\_\_

### Demographic Information

① Business Entity's Name		② Incorporation/Formation Date (MM/DD/YY)		③ FEIN	
④ If assigned, National Producer Number (NPN)			⑤ If applicable, FINRA Firm Central Registration Depository (CRD)		
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.				⑦ State of Domicile	⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No					
⑩ Business Address (Physical Street)			⑪ City	⑫ State	⑬ Zip or Foreign Country
⑭ Phone Number (include extension) ( )		⑮ Fax Number ( )	⑯ Business E-Mail Address		⑰ Business Web Site Address
⑱ Mailing Address		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip or Foreign County

### Designated/Responsible Licensed Producer

⑳ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____

### Owners, Partners, Officers and Directors

㉔ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.

Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____

### Background Information

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

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime or had a judgment withheld or deferred, or are you currently charged with committing a crime?  Yes  No

**Note: "Crime"** includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. **"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 Yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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, sanction 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 application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If Yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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 the business entity or any 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 Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer, director, or member or manager of a limited liability company, ever 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 Yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  Yes  No

If Yes, 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, arbitrations, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer, director, or member or manager of a limited 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 Yes, 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.

Applicant's Initials \_\_\_\_\_

**Background Information (Continued)**

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?  N/A  Yes  No

If Yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?  N/A  Yes  No

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

8. Is the business entity currently deriving income from any business or employment activities other than public insurance adjusting?  Yes  No

If Yes, attach a separate document describing the other business and/or employment activities in which the entity is now engaged.

9. Does the business entity have a financial interest in or has the business entity ever been or is the business entity 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.

10. Does the business entity 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 engaged 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.

11. Does the business entity agree to keep a full record of its 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.

Applicant's Initials \_\_\_\_\_

Application Attachments

26 The following attachments must accompany the application:

- 1. A non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$100.00;
2. A copy of the form that will be used as the contract in Ohio;
3. Proof of bond in the amount of at least \$1,000.00, payable to the "State of Ohio";
4. Resident applicants must be registered with the Ohio Secretary of State prior to licensure;
5. Completion of the Ohio Specific bond form attached to this application;
6. Completion of the notary section of this application;
7. A list of all owners, partners, officers and directors of the business entity or members and managers of a Limited Liability company. Include their name, title, resident address, phone number, and last four-digits of their social security number; and
8. If necessary, any required supporting details or documents.

Certification, Attestation and Affidavit of Applicant

27 The Applicant must read the following very carefully:

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachment is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be its 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 the business entity.
3. The business entity or limited liability company grants 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. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either (a) does not have a current child-support obligation, or (b) has a child-support obligation and is currently in compliance with that obligation.
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).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company who has authority to act on behalf of the business entity:

Form fields for signature and contact information: Type or Print Name, Date, Address, Social Security Number, City, State, Zip, State of, County of.

I do solemnly swear to affirm under penalty of perjury that the statements herein contained are true.

Signature line and fields for Title and Business Entity Name.

Subscribed and sworn to or affirm before me this day of , 2 .

Notary Signature and My commission expires fields.

**Public Insurance Adjuster Bond Form**

**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.**