



**Department  
of Insurance**

Mike DeWine, Governor  
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

## Electronic Individual Public Insurance Adjuster Supplemental Form

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 type of Adjuster:**

- Public Insurance Adjuster  
 Public Insurance Adjuster Agent

Last Name	JR./SR. etc	First Name	Middle Name		
NIPR Transaction Number		Date of Birth (MM/DD/YY)	Social Security Number (last 4-digits)		
Email Address		Telephone Number ( )			
Mailing Address	P.O. Box	City	State	Zip or Foreign Country	

### Public Insurance Adjuster Agent Section

*Completion of this section is only required if applying/renewing as a Public Insurance Adjuster Agent.*

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 applying or renewing a license as a Public Insurance Adjuster Agent:

- 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: \_\_\_\_\_

### Certification Attestation and Affidavit of Applicant

**The Applicant must read the following very carefully:**

- 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.
- 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.
- 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.
- 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.
- I authorize the jurisdictions 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.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 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).

**Certification Attestation and Affidavit of Applicant (continued)**

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**

1. Proof of \$1,000.00 bond or continuation of bond, payable to the "State of Ohio";
2. Completion of the attached Ohio Specific bond form;
3. Public Insurance Adjusters only: A copy of the form that will be used as the contract, only if not already on file with the Department;
4. Electronic application submission only: The completion of INS3216 form; and
5. If necessary, any required supporting details or documents.

**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.**