



Department of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

# Business Entity Public Insurance Adjuster Certificate of Authority Renewal/Continuation

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 FEIN	
③ Home State & Home State License Number		④ If assigned, National Producer Number (NPN)	
⑤ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
⑥ Business Address		⑦ City	⑧ State
		⑨ Zip or Foreign Country	
⑩ Phone Number (include extension) ( )	⑪ Fax Number ( )	⑫ Business E-Mail Address	⑬ Business Web Site Address
⑭ Mailing Address	⑮ P.O. Box	⑯ City	⑰ State
		⑱ Zip or Foreign County	

### Designated/Responsible Licensed Producer

⑲ Identify at least one Designated/Responsible Licensed Public Insurance Adjuster 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 _____

### Background Information

⑳

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, been convicted of, or is currently charged with, committing a crime or had a judgment withheld or deferred which has not been previously reported to this insurance department?  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.

**Background Information (Continued)**

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, 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. “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. In response to a “yes” answer to one or more of the Background Questions for this renewal 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 renewal 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.

4. 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.

5. Does the business entity have a financial interest in or since the last application or renewal has the business entity 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.

**Application Attachments****21 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 \$50.00;
2. 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;
3. A copy of the form that will be used as the contract, only if not already on file with the Department;
4. Proof of \$1,000.00 bond or continuation of bond payable to the “State of Ohio”;
5. Completion of the attached Ohio Specific bond form; and
6. If necessary, any required supporting details or documents.

Applicant’s Initials \_\_\_\_\_

**Certification, Attestation and Affidavit of Applicant**

2) 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:

_____			_____
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 \_\_\_\_\_

\_\_\_\_\_ of the applicant \_\_\_\_\_

(Title) (Business Entity Name)

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

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

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

**Public Insurance Adjuster Bond Form**

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

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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)

NOTE: Copy of the Power of Attorney authority of the signer of the bond must be attached.