

NEW JERSEY DEPARTMENT OF INSURANCE
LICENSING SERVICES BUREAU
CN-327-20 W. STATE STREET
TRENTON, NEW JERSEY 08625-0327

**APPLICATION FOR INITIAL
(RESIDENT OR NON-RESIDENT)
ORGANIZATION
(CORPORATION/PARTNERSHIP)
PUBLIC ADJUSTER LICENSE**

A. IDENTIFYING INFORMATION:

Full legal name of organization:

Trade name, if any:

Attach a copy of the certificate of incorporation or partnership document stamped "FILED" by County Clerk, Secretary of State, or other recording authority.

B. BUSINESS INFORMATION:

Business Address: If your Business Address is located in New Jersey, then you are a Resident Applicant.

Room No. _____ Suite No. _____ Apt. No. _____

Street Address

P.O. Box No. _____

You must supply a street or location address; a P.O. Box alone is not sufficient. The City, State and Zip Code must reflect the location of the P.O. Box.

City State Zip Code (include +4, if known)

County (If NJ Resident)

Federal ID Number: _____ - _____

Business Telephone Number: _____ - _____ - _____
Area Code

Telefax Number, if any: _____ - _____ - _____
Area Code

NON-RESIDENTS ATTACH A CERTIFICATION OF CURRENT LICENSE STATUS ISSUED BY LICENSING AUTHORITY IN HOME STATE.

C. IDENTIFICATION OF ALL OFFICERS, PARTNERS, DIRECTORS AND MEMBERS OF THE FIRM.

(Please Print Clearly or Type)

1. Name _____
 LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES NO

If yes, NJ License Reference Number: _____

Date of Birth: _____
 Mo. Day Year

2. Name _____
 LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES NO

If yes, NJ License Reference Number: _____

Date of Birth: _____
 Mo. Day Year

3. Name _____
 LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES NO

If yes, NJ License Reference Number: _____

Date of Birth: _____
 Mo. Day Year

4. Name _____
 LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES NO

If yes, NJ License Reference Number: _____

Date of Birth: _____
 Mo. Day Year

5. Name _____
 LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES NO

If yes, NJ License Reference Number: _____

Date of Birth: _____
 Mo. Day Year

ATTACH ADDITIONAL SHEETS IF NECESSARY

At least one officer, partner, director or member of the firm must hold an individual (sublicensee) New Jersey Public Adjuster License. Applications for initial individual and organization Public Adjuster Licenses must be submitted together.

- D. YOU MUST ATTACH two (2) passport size photographs. EACH OFFICER, PARTNER, DIRECTOR AND MEMBER OF THE FIRM MUST OBTAIN DIGITAL FINGERPRINT SCANS VIA LiveScan. See www.state.nj.us/dobi/insliced/livescan.htm for details regarding Criminal History.**

ATTACH PERFORMANCE BOND (Minimum \$10,000 for the organization and each licensed officer, partner, director or member of the firm) AS REQUIRED BY N.J.S.A. 17:22B-12.

E. YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. Have you (or any officer, partner, director or member of the firm) ever been arrested, indicted or convicted of a crime, misdemeanor or disorderly person offense in this State, any other state, or by the federal government or are such proceedings pending against you?

Yes No

If yes, attach a certified copy of the indictment or judgment of conviction, which may be obtained from the clerk of the court where the conviction was entered or the case is/was pending.

2. Have you (or any officer, partner, director or member of the firm) ever had any business or professional license suspended or revoked or are such proceedings pending against you?

Yes No

If yes, attach a copy of order seeking or granting suspension or revocation issued by the professional or governmental authority.

3. Are you (or any officer, partner, director or member of the firm) indebted (other than accounts current) to any insurance company, producer or insured or has any judgment been rendered against you, which has not been satisfied or vacated, for money received from or owed to any insurance company, producer or insured?

Yes No

If yes, attach copy of judgment.

4. Have you (or any officer, partner, director or member of the firm) ever received any civil penalty or fine, or been required to provide restitution to any person, pursuant to any unfair trade practice statute, consumer fraud or consumer protection statute; insurance fraud statute or similar statute in this State, any other state or by the federal government; or are any such complaints or lawsuits presently pending against you?

Yes No

If yes, attach complete written explanation and a copy of the final disposition document, if any.

F. I/WE HEREBY CERTIFY THAT:

1. All of the information submitted in this application and all attachments is true and complete. I am/We are aware that submitting false information in connection with this application is grounds for denial or revocation of license and may subject me/us to other civil or criminal penalties.
2. I/WE give the New Jersey Department of Insurance permission to verify any information supplied with any federal, state or local government agency.
3. As a licensed officer/partner of the organization I understand that I am individually and jointly responsible for the conduct of the organization.

Must be signed by all licensed officers and partners identified in section C of a previous page.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

G. FEES:

License Fee	\$ 50.00
Application Processing Fee	\$ 20.00

Attach **one** check or money order for \$ 70.00, made payable to "State Treasurer of New Jersey."