



Public Adjuster License Renewal Application

Important Notice: Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

Fee Requirement: Attach a check or money order for \$250 payable to the Director of Insurance.

Demographic Information					
<i>(Please print or type)</i>					
License #					
Last Name JR./SR., etc.		First Name	Middle Name		Date of Birth (mm/dd/yy)
Residence/Home Address (physical street)		P.O. Box	City	State	Zip Code
Home Phone # () -	Gender (circle one) Male Female	Are you a citizen of the united States? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> If No, of which country ar you a citizen? _____ If No, you must supply work authorization.			
Business Name/Employer's Name					
Business Address (physical street)		P.O. Box	City	State	Zip Code
Business Phone # () -	Business Fax # () -	Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		P.O. Box	City	State	Zip Code

Background Information	
The Applicant must read the following very carefully and answer every question:	
1. Have you ever been convicted of, or are you currently charged with committing a crime, whether or not adjudication was withheld?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, 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 judgement.</p>	
2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer yes, you must attach particulars to this application.	
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment, and/or type and location of bankruptcy.	
4. Have you 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 <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes, identify the jurisdiction(s): _____	

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Background Information *(continued)*

The Applicant must read the following very carefully and answer every question:

5. Are you currently 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 you answer 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 or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answer 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.

7. Do you have a child support obligation in arrearage? Yes No

If you answer yes to question 7, by how many months are you in arrearage? _____ months.

8. Are you the subject of a child support-related subpoena or warrant? Yes No

9. Do you have an approved contract on file with the Department? Yes No

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. 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.
2. Where required by law, I hereby certify to the Director of Insurance in Illinois to be my agent for service of process regarding all insurance matters; and agree that service upon the Director of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Director of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child support obligation; or b) I have a child support obligation and I am currently in compliance with that obligation.
5. I authorize the Illinois Insurance Department 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 Illinois Insurance Department 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 am familiar with the insurance laws and regulations of the State of Illinois.

Month Day Year

Original Applicant Signature

Full Legal Name (printed or typed)