



Public Adjuster Business Entity Renewal Application

For Corporation, Association or Partnership

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					
Business Entity Name			Incorporation / Formation Date MM DD YY		FEIN # or License #
DBA / Trade Name (if applicable)				State of Domicile	
Business Address			City		State Zip Code
Phone Number (include extension)		Fax Number	Business Web Site Address		Business E-mail Address
Mailing Address		P.O. Box	City		State Zip Code

Background Information

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

1. Has the public adjuster business entity or any owner, partner, officer or director ever been convicted of, or is the public adjuster business entity or any owner, partner, officer, or director currently charged with committing a crime, whether or not adjudication was withheld? Yes No

"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.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident;
- b) a certified copy of the charging document; and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgement.

2. Has the public adjuster business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? 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 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 you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident;
- b) a certified copy of the notice of Hearing or other document that states the charges and allegations; and
- c) a certified copy of the official document which demonstrate the resolution of the charges or any final judgement.

3. Has any demand been made or judgment rendered against the public adjuster business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes No

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. Has the public adjuster business entity or any owner, partner, officer or director 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 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. Is the public adjuster 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 you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident;
- b) a certified copy of the petition, complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgement.

6. Has the public adjuster business entity or any 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) certified copies of all relevant documents.

7. Has any authorized public adjuster business entity or any owner, partner, officer or director been employed in a vocation other than the claim adjusting business? Yes No

If you answer yes, give the name of each member, officer or director, the name of their employer and the employer's address in a supplemental statement.

8. Has the public adjuster business entity filed a rate schedule of charges for services with the Director? Yes No

9. Has the Director approved the public adjuster business entity's contract form? Yes No

Applicant's Certification and Attestation

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 attachments 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 an appropriate representative 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 or Director 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 or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied 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 give any information they may have concerning me 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 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:

Month/Day/Year _____

Signature _____

Type or Printed Name _____

Title _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____