

**ALABAMA DEPARTMENT OF INSURANCE
INDEPENDENT ADJUSTER PRELICENSING PROVIDER APPLICATION**

Provider Name: _____ FEIN: _____	For Departmental Use Only Provider # _____
---	---

Provider is (check one):

Statewide Adjuster Association

Insurance Trade Association

Authorized Insurer

Employer offering classes exclusively to employees

Licensed Private Educational Institution (attach copy of license from ACCS)

Public Educational Institution (*exempt from application fee)

Mailing Address: _____
Street or P.O. Box City State Zip

Street Address: _____
(if different) Street City State Zip

Telephone# (____) ____-____ (____) ____-____ Fax# (____) ____-____

Name of Provider Representative (Contact Person): _____
First Name MI Last Name

Email Address: _____

WEB Address: _____

Courses to be offered (check all that apply):

Property & Casualty, including Workers Compensation and Crop (40 hours)

Property & Casualty, excluding Workers Compensation and Crop (20 hours)

Workers Compensation (20 hours)

Crop (20 hours)

Check one of the following:

Courses offered to General Public Courses offered only to employees of provider

Check one or both of the following:

Courses offered in classroom setting Courses offered online

Does Provider desire to administer an Equivalent State Exam? Yes or No
 If "yes", see additional requirements on page 4 of application.

Prelicensing providers must be able to be reached by ALDOI by U.S. Mail, electronic mail, and telephone. Any changes to this contact information must be submitted to the ALDOI within 10 days of change. Failure to do so may result in administrative action or loss of privilege to conduct prelicensing course.

If prelicensing classes and/or Equivalent State Exam will be given at an address other than the address provided above, please list below:

Alternate Address: _____
Street City State Zip

**ALABAMA DEPARTMENT OF INSURANCE
INDEPENDENT ADJUSTER PRELICENSING PROVIDER APPLICATION**

Background Information

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

For purposes of these questions, "you" means you or any business in which you are or were an owner, partner, officer, director, or member.

1. Have you ever been convicted of, or are you 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 copy of the charging document.
- c) a copy of the official document showing the resolution of the charges or any final judgment.

2. Have you ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, or terminated, or being assessed a fine, 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 copy of the Notice of Hearing or other document that states the charges and allegations.
- c) a copy of the official document showing the resolution of the charges or any final judgment.

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 ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you 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 answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you 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.
- c) a copy of the official document showing the resolution of the charges or any final judgment.

6. Have you 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.
- b) copies of all relevant documents.

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

If you answer yes, by how many months are you in arrearage? _____ Months

**ALABAMA DEPARTMENT OF INSURANCE
INDEPENDENT ADJUSTER PRELICENSING PROVIDER APPLICATION**

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. I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner 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 Commissioner 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 ALDOI 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 ALDOI 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 Alabama.

Month Day Year

Signature of Provider Representative

Representative's Full Legal Name (Printed or Typed)

Notary

Before me, the undersigned authority, personally appeared the above named Provider Representative, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this _____ day of _____, 20__.

(SEAL)

NOTARY PUBLIC

My Commission Expires: _____
Date Commission Expires

Mail Application with \$75.00 application fee* to:

State of Alabama Department of Insurance
Producer Licensing Division / Prelicensing
P O BOX 303351
Montgomery AL 36130-3351

**ALABAMA DEPARTMENT OF INSURANCE
INDEPENDENT ADJUSTER PRELICENSING PROVIDER APPLICATION**

To provide certification of passing a state equivalent examination pursuant to Ala. Code § 27-9A-9(e).

Additional Requirements:

- Your formal Resume or curriculum vitae including your training and work experience as an adjuster and instructor and any letters of reference you wish to submit.
- Identify other states in which you are licensed as an adjuster and/or authorized to provide instruction and conduct testing (provide copies of any certificates/licenses if available).
- If you will employ others to offer instruction, please provide an Instructor Resume/Biography, including contact information for each person.
- Location(s) where the courses will be taught (if conducted in a classroom) and where the examinations will be provided with the names and contact information of anyone serving as a proctor for the exam (see proctor registration below).
- Indicate whether the exams will be taken online (i.e. electronically), or if paper exams be used. If you have not done so previously, provide copies of all versions of the exam to be offered.
- Provide a copy of the guidelines, policies and procedures for how the testing room will be organized and the exams conducted.
- If you are required to hold a local privilege or business license, please provide a copy of same.
- If your business is incorporated, organized as a partnership, or as a limited liability company, provide a copy of the articles of incorporation, partnership agreement, or other organizational documents.

Please provide the above items, as applicable, within ten (10) days, or as soon as practical. Upon receipt, the submission will be added to your file and a prompt decision will be made regarding your application.

Be advised you are required to maintain a list of those persons, including name, address, telephone number and SSN, who successfully complete the prelicensing course, and if applicable, a copy of their examination, including both successful and unsuccessful attempts (records must be retained for 3 years). Additionally, you must follow the procedures to submit the names of those passing the state equivalent examination, which may include payment of a fee. If you have questions, please direct them to Deborah Fike at (334) 240-7575, or deborah.fike@insurance.alabama.gov.

Proctor Registration:

Name: _____
 First Name _____ MI _____ Last Name _____
 Home Address: _____
 Street or P.O. Box _____ City _____ State _____ Zip _____
 Telephone Numbers (_____) _____ (_____) _____
 Home _____ Cell _____

Name: _____
 First Name _____ MI _____ Last Name _____
 Home Address: _____
 Street or P.O. Box _____ City _____ State _____ Zip _____
 Telephone Numbers (_____) _____ (_____) _____
 Home _____ Cell _____

(Attach additional sheets as necessary to add additional Proctors)