

**State of New Jersey**  
**Department of Banking & Insurance**  
**Insurance Licensing Unit**  
**PO Box 327**  
**Trenton, NJ 08625**

**Application for Initial Resident or Nonresident  
Individual Public Adjuster License**

(Please Print or Type)

Soc. Security Number		New Jersey Producer License Reference Number ( if applicable)			
		New Jersey Live Scan – Electronic Fingerprinting PCN Number			
Last Name JR./SR. etc		First Name	Middle Name	Date of Birth (month) ___ (day) ___ (year) ___	
Residence/Home Address (Physical Street)		P.O. Box	City	State	Zip or Foreign Country
Home Phone Number ( ) -	Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One) Yes No (If No, of which country are you a citizen?)			
Employer's Name					
Business Address (Physical Street)		P.O. Box	City	State	Zip or Foreign Country
Business Phone Number ( ) -	Business Fax Number ( ) -	Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		P. O. Box	City	State	Zip or Foreign Country
List any name under which you are doing business.					
<b>Licensing Requirements</b>					
<ul style="list-style-type: none"> <li>• Two (2) passport size photographs;</li> <li>• Applicants must complete Live Scan – Electronic Fingerprinting process and provide PCN number provided during scanning session. See Department of Banking and Insurance website for details on Live Scan or contact the Department <a href="http://www.njdobi.org">www.njdobi.org</a>;</li> <li>• Performance Bond (\$10,000 Minimum) as required by N.J.S.A. 17:22B-12</li> <li>• All Applicants: Provide exam score report;</li> <li>• <b>Disabled Veterans:</b> The license and application fee of \$320 will be waived if you submit a recent certificate from the United States Veterans Administration confirming a current service connected disability.</li> </ul>					

**State of New Jersey**  
**Department of Banking & Insurance**  
**Insurance Licensing Unit**  
**PO Box 327**  
**Trenton, NJ 08625**

**Background Information**

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

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 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 judgment.

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 \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, 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 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 demonstrates 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 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 judgment.

6. Have you 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 presently pending against you? Yes \_\_\_ No \_\_\_

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 demonstrates the resolution of the charges or any final judgment.

7. Do you have a child support obligation in arrearage by six months or more? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months Yes \_\_\_ No \_\_\_

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

**State of New Jersey  
 Department of Banking & Insurance  
 Insurance Licensing Unit  
 PO Box 327  
 Trenton, NJ 08625**

**Applicants 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 designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my 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 myself.
3. I further certify that I grant 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. 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 jurisdictions 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 public adjuster laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state.

\_\_\_\_\_  
 Month Day Year

\_\_\_\_\_  
 Original Applicant Signature

\_\_\_\_\_  
 Full Legal Name (Printed or Typed)

**Fees**

License Fee      \$300.00  
 Processing Fee    \$20.00

Attach one check or money order for the total fee of \$320.00 made payable to "State Treasurer of New Jersey"

**Disabled Veterans:** The license and application fee of \$320 will be waived if you submit a recent certificate from the United States Veterans Administration confirming a current service connected disability.