PA LICENSE NUMBER: _____ SSN _____

INDIVIDUALS ONLY
COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT
PUBLIC ADJUSTER INDIVIDUAL LAPSED LICENSE RENEWAL FORM

Please allow 4 to 6 weeks for processing. WE NO LONGER MAIL LICENSES. Print a copy of your renewed license from our web site at www.insurance.pa.gov (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link).

NOTICE: Since you are renewing a lapsed license you must mail this completed form to us along with a lapsed license fee of $400.00. This must be done within 60 days from the date of expiration of the license. If applicable, all CE requirements must be satisfied before your license can be reinstated. All license fees are non-refundable.

MANDATORY BACKGROUND INFORMATION

☐ YES ☐ NO 1. Since the last renewal or initial application in this state, have you been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**

☐ YES ☐ NO 2. Since the last renewal or initial application in this state, have you been subject to an administrative action, penalized or fined, had an insurance producer license or other financial services license or its equivalent refused, suspended or revoked by a Governmental entity or is any such action now pending**? (If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**

☐ YES ☐ NO 3. Since the last renewal or initial application in this state, have you failed to comply with an administrative or court order imposing a child support obligation? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**

☐ YES ☐ NO 4. Since the last renewal or initial application in this state, have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**

MANDATORY CERTIFICATION AND ATTESTATION

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. In addition, I do hereby certify that I have the bond required as a condition for transacting business as a public adjuster as well as a contract form approved by the Pennsylvania Insurance Department. (**Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned**.).

_____	_____	_____
Applicant name (Printed or Typed)	Applicant Signature	Date

COMPLETE THE SECTION BELOW TO VERIFY YOUR CONTACT INFORMATION

BUSINESS ADDRESS (Check here if mailing address) ☐	**RESIDENCE ADDRESS (Check here if mailing address)** ☐
Name:	Name:
Street Address:	Street Address:
City State Zip Code:	City State Zip Code:
Telephone:	Telephone:
Business Email Address:	**Personal Email Address:**

This completed form should be mailed to the following address:
Pennsylvania Insurance Department
Bureau of Licensing and Enforcement
1227 Strawberry Square
Harrisburg, Pa 17120
Make checks payable to: Commonwealth of PA