

**BUSINESS ENTITIES ONLY**  
**COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT**  
**PUBLIC ADJUSTER AGENCY 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](http://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. All license fees are non-refundable.**

**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Since the last renewal or initial application in this state, has the business entity, or the owners, officers, partners or any designated licensee of the business entity been subject to an administrative action, penalized or fined, had an insurance license or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? **(If yes, please email an explanation to our Compliance Division at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 2. Do any unlicensed owners, officers, partners or employees perform any act which would require a license as an Insurance Producer in Pennsylvania?
- YES  NO 3. Since the last renewal or initial application in this state, have any of the corporate officers or any designated licensee been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against them? **(If yes, please email an explanation to our Compliance Division at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 4. Since the last renewal or initial application in this state, has the business entity or any corporate officers or any owner, partner, officer, director, manager or designated licensee of the business entity 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](mailto:ra-in-compliance@pa.gov))**

**OWNERS, PARTNERS, OFFICERS AND DESIGNATED LICENSEE INFORMATION**

NAME	SS#	TITLE	NAME	SS#	TITLE
NAME	SS#	TITLE	NAME	SS#	TITLE
NAME	SS#	TITLE	NAME	SS#	TITLE

**MANDATORY CERTIFICATION AND ATTESTATION**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and 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, or all of the aforementioned.)**

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Designated Licensee (printed or typed)

\_\_\_\_\_  
Designated Licensee Signature

\_\_\_\_\_  
Date

**COMPLETE THE SECTION BELOW TO VERIFY YOUR CONTACT INFORMATION**

<b>PHYSICAL LOCATION</b>	<b>MAILING ADDRESS (If Different Than Physical Location)</b>
Street Address:	Street Address or PO Box:
City State Zip Code:	City State Zip Code:
Telephone:	Telephone:
<b>Business Email Address:</b>	<b>Alternate Email Address:</b>

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