

PA LICENSE NUMBER: _____ SSN _____

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

You may process this renewal immediately online at www.sircon.com/pennsylvania. This must be done within 60 days from the date of expiration of the license. All CE requirements must be satisfied before your license can be reinstated. A total lapsed license fee of \$400 is required. All license fees are non-refundable. **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.** If you must mail in your renewal, submit the completed form and fee to the address listed at the bottom of this form. Please allow 4 to 6 weeks for processing.

WE NO LONGER MAIL LICENSES. Print a copy of your renewed license the next business day 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).

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 Unit 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 Unit 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 Unit 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) <input type="checkbox"/>	RESIDENCE ADDRESS (Check here if mailing address) <input type="checkbox"/>
Name:	Name:
Street Address:	Street Address:
City State Zip Code:	City State Zip Code:
Telephone:	Telephone:
Business Email Address:	Personal Email Address:

If you are unable to renew online, 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