

PUBLIC ADJUSTER APPLICATION BUSINESS ENTITY

APPLICATION FEE (RESIDENT OR NON-RESIDENT) - \$200 MAKE CHECKS PAYABLE TO COMMONWEALTH OF PA

RETURN COMPLETED APPLICATION TO:
PA INSURANCE DEPARTMENT
BUREAU OF LICENSING AND ENFORCEMENT
1209 STRAWBERRY SQUARE
HARRISBURG PA 17120

PLEASE TYPE OR PRINT IN BLACK INK

Federal Employer Identification Number:	aployer Identification Number: If assigned, National Producer Number (NP#):			
Business Entity Name:				
Business Address (Physical):				
City, State, Zip Code:				
Business Entity Phone Number:		Business Fax Number:		
Business Entity Email Address:				
List any other assumed, fictitious, alias or tra	ade names under which you	are doing business or intend to do business:		
Legal Business Type: Corporation P	artnership Limited L	ability Corporation Limited Liability Part	mership	
CHECK APPROPRIATE BOX FOR	LICENSE REQUESTE	D.		
Resident Public Adjuster Entity	License			
Non-Resident Public Adjuster E	entity License			
Identify Home State:Identify Home State Licen	 use #:			
List all Owners, Officers, Managers, Partners (even if not licensed as a Public Adjuster) & Designated Licensees.				
Name:	SSN:	Title:		
Name:	SSN:	Title:		
Name:	SSN:	Title:		
Name:	SSN:	Title:		
Name:	SSN:	Title:		
Name:	SSN:	Title:		

		kground Information
subject to an administrative action,	penalized or fine voked by a Gove	agers, partners or any designated licensee of the business entity, ever been ed, had an insurance license or other financial services license or its enment entity or is any such action now pending? (If yes, provide a full
 Do all unlicensed owners, officers, Pennsylvania? YES NO 	partners or empl	oyees understand they cannot perform any act of a Public Adjuster in
		ublic Adjusters in the business entity familiar with and agree to abide by all f insurance in the Commonwealth of Pennsylvania? YES NO
	Applicant's Co	ertification and Attestation
ARE TRUE AND CORRECT. NOT	E: FALSE S	F PERJURY THAT THE FOREGOING STATEMENTS FATEMENTS MAY RESULT IN CRIMINAL PENALTIES, NFORCEMENT ACTION OR ALL OF THE Designated Licensee Name & Title (Printed Out)
Designated Licensee Signature	Date	Designated Licensee Name & Title (Finited Out)
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Designated Licensee Signature	Date	Designated Licensee Name & Title (Printed Out)
Designated Licensee Signature	Date	Designated Licensee Name & Title (Printed Out)
Designated Licensee Signature	Date	Designated Licensee Name & Title (Printed Out)

Requirements

- 1. The designated licensee(s) must be currently licensed as a public adjuster in Pennsylvania.
- 2. Per Act 21 of 2012, the entity must obtain a surety bond in the amount of no less than \$20,000 prior to transacting business as a public adjuster in PA.
- 3. Per Act 21 of 2012, the entity must use a contract approved by the PA Insurance Department. We have a sample contract available on our web site at www.insurance.pa.gov. If the contract is used verbatim, there is no need to send to the Department for approval. However, if you wish to use a contract that deviates in any manner from the sample provided by the Department, the contract must be submitted to us for approval prior to use.
- 4. Resident entities must obtain name approval from the Department and then registration approval from the PA Department of State, Corporation Bureau. Information and links are available on our web site at www.insurance.pa.gov.

Applicants may view the status of their license application on our web site at www.insurance.pa.gov. Once your license has been issued, you may print your license from our web site. Please be advised that the Department no longer mails licenses.