COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT PUBLIC ADJUSTER BUSINESS ENTITY LICENSE RENEWAL FORM

Process your renewal online in minutes on or before your license expiration date. Access these online services at <u>www.insurance.pa.gov</u> by clicking the Services for Producers & Other Licensees link on the left hand side of the home page and then click the Maintain Your License link. Print your license the next business day to your computer (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). The renewal fee is \$200, check or money order, payable to the Commonwealth of PA. DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.

If you mail in your renewal, 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 <u>www.insurance.pa.gov</u> (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: If you are renewing a lapsed license you <u>must</u> 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-
	<u>compliance@pa.gov</u>)

- 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)

Please fax or email any changes in owners, partners, officers or designated licensees to the Bureau of Licensing & Enforcement at 717-787-8553 or <u>ra-in-producer@pa.gov</u>

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.)

Business Entity Name

Designated Licensee (printed or typed)

Designated Licensee Signature

Date

IF YOU NEED TO CHANGE YOUR ADDRESS, PLEASE VISIT OUR WEB SITE AT WWW.INSURANCE.PA.GOV

Pennsylvania Insurance Department Bureau of Licensing and Enforcement 1227 Strawberry Square Harrisburg, PA 17120

Make checks payable to: Commonwealth of PA