

State of New Hampshire Insurance Department

21 South Fruit Street Ste 14, Concord NH 03301 www.nh.gov/insurance

Main phone 603-271-2261

www.nh.gov/insurance

Licensing 603-271-0203

ADJUSTER LICENSE APPLICATION

Form 105.17 (revised (01/18/2017)

Resident and Non-Resident Initial license fee \$75 (non-refundable) Make checks or money orders payable to the New Hampshire Insurance Department. For Faster Processing, New Applications are to be Processed online through www.nipr.com or SBS. See our website for direct links. www.nh.gov/insurance . (Print or type)		Action Requested. Select only one of the following three choices: 1. Initial License 2. Reinstatement					
Soc. Security Number		② If assigned, National Producer Number (NPN)					
		Ion-Resident – Desig			Licen		
3 Last Name JR./SR. etc	4 First N	Jame	Middle N	Vame	6 Date of I		
		lo	<u> </u>	<u> </u>		(day) (year)	
(7) Residence/Home Address (Physical Street)		City	C	State (1	Zip Code	11) Foreign Country	
Applicant email address:		_					
(2) Home Phone Number (3) Gender (4)		e you a Citizen of the U		Check One)			
One) Male		, of which country are y dent License, you must		eligibility t	,	NO, and this is an application for	
Business Entity Name	chare a resid	dent Electise, you must	supply proof of	Cligionity	to work in the C	5.5.)	
Business Address (Physical Street)	17 P.O. Box	(8) City	19 State		20 Zip Code	① Foreign Country	
Business Address (Filysical Street)	F.O. Box	City	19 State		Zip Code	29 Poreign Country	
Business Phone Number (include extension) ()	Business Phone Number (include extension) () -		ness E-Mail Address			② Business Web Site Address	
Applicant's Mailing Address	P.O. Box	28 City	29 State	(30 Zip Code	①Foreign Country	
② Preferred contact email address			I	<u> </u>			
a. List any other assumed, fictitious, alias, maiden of	r trade names which	h you have used in the p	oast.				
b. List any trade names under which you are curren				ct to state a	pproval)		
44Account for all time for the past five years. Give a		Employment Histories with vo		over workir	ng hack five ver	ars Include full and part-time	
work, self-employment, military service, un		ill-time education.			ig ouck rive yet	ars. merade run and part time	
		Fro Month	om Year Mont	To h Year		Position Held	
Name		111011111	Tour Mont			1 ostilon Heid	
	eign Country						
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City State For	eign Country						
State Use LOA Li	c Issued	Lic.Exp	iration	Ap	proved	Amt Paid	

NH Application for Individual Adjuster License

Background Information				
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.				
1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?	Yes_No			
Note: "Crime" includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.				
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.				
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document,				
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.				
If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A Yes No				
If so, was that consent granted? (Attach copy of 1033 consent approved by home state.) N/A Yes No				
2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member o r manager of a Limited Liability Company You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	Yes_No			
If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.				
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy	Yes No			
4. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.	Yes_No			
 5. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer yes, you must attach to this application: a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. 	Yes_No			
6 Do you have a child support obligation in arrearage?	Yes_No			
If you answer yes, a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)	Months YesNo YesNo			

This Section is required For Non-Residents (Residents MUST Pass the Licensing Exam) NHRSA 402-B:4 Examination. - Except as hereinafter provided, the commissioner of insurance shall not issue an original claims adjuster's license to any applicant therefor unless and until said applicant shall have satisfactorily passed a reasonable written NHRSA 402-B:5 Exceptions - The commissioner shall waive the requirement of such examination in the following cases: Nonresident applicants who are licensed as insurance claims adjusters in the states in which they reside, or if no license is required in said states, then nonresident applicants who have engaged in the business of claims adjusting for a period of 6 months. DESIGNATED HOME STATE (DHS): A non-resident who resides in a state or jurisdiction that does not issue adjuster license's, may designate another state where an adjuster license is held, as their "Designated Home State". NH will verify the validity of the DHS license and that the applicant is listed on the NAIC producer Database (PDB) as a resident of that DHS for licensing purposes. Complete only one of the following three declarations: 1. I hold an adjusters license in my resident state of ______, license number_____, and I adjust claims in the following lines of insurance_____ _____ (PROCESS NEW APPLICATION ONLINE <u>www.nipr.com</u> (P&C, Workers Compensation) or I hold an adjusters license in the state of __ __, license number ____ declaring said state as my "Designated Home State", and I adjust claims in the following lines of insurance . (PROCESS NEW APPLICATION ONLINE www.nipr.com) (P&C, Workers Compensation) or 3. By submitting this application, I certify that I have had at least 6 months experience in the field of insurance claims adjusting within the last 2 years. (PROCESS NEW APPLICATION ONLINE https://sbs-nh.naic.org/Lion-Web/jsp/ext/login/UserVerification.jsp) Employed by (company) ___ to (date) From (date)_ That I adjusted claims in the following lines of insurance _ (P&C, Workers Compensation) Reference name and phone number for verification of declaration choice #3 NAME. Telephone_ Note: References listed on this section may be contacted for verification of the above information. Providing false information will result in denial of the license. 37. Applicant's Certification and Attestation The Applicant must read the following very carefully: I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s). Applicant Signature Month/Day/Year All new Adjuster applications can and should be processed online. You may confirm the issuance of a license and print one free copy of the license by selecting LICENSE STATUS on our homepage www.nh.gov/insurance. NH does not mail paper licenses. National Association of Insurance Commissioners Page 3 of 3