

**New Mexico Office of Superintendent of Insurance - Producer Licensing Bureau
Independent Adjuster Application**

Please take special care when completing your application. All fees are nonrefundable.

PLEASE PRINT LEGIBLY OR TYPE

Check appropriate box for license requested. DO NOT LEAVE BLANK

Resident Independent Adjuster License Adjusting Firm Affiliation (Complete Form 207A)

Independent Adjuster License Non-Resident – Designated Home State: _____ **IF NOT LICENSED IN RESIDENT STATE MUST LIST A DHS. IF SELECTING NM AS DHS PLEASE LIST IT.**

\$10,000 Surety Bond must be submitted with application.

License fee \$30, made payable to OSI

1) SOC SECURITY NUMBER		If assigned, National Producer Number (NPN)				
LAST NAME	JR/SR. ETC	First Name	Middle Name	Date of Birth (month) ____ (day) ____ (year) ____		
Residence/Home Address (Physical Street)		P.O. Box	City	State	Zip Code	Foreign Country
Home Phone Number	Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One)				
Applicant Email Address		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
Business Entity Name						
Business Address (Physical Street)		P.O. Box	City	State	Zip Code	Foreign Country
Business Phone Number	Business Fax Number		Business E-Mail Address		Business Web Site Address	
Business Mailing Address		P.O. Box	City	State	Zip Code	Foreign Country

2) .a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. _____
 b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)

3) Did you qualify for this license type by passing an adjuster examination? Yes ____ No ____ Comments _____
 If yes, which state _____
 What lines of authority did the adjuster exam cover (crop, workers' comp, property/casualty, etc.)? _____

Qualifications for License as Adjuster

4) Except as to temporary license, has had at least one year's experience or special education or training in handling of losses or claims under insurance contracts, such experience, education and training to be of such nature and extent as to demonstrate applicant's competence to fulfill the responsibilities of an adjuster, and has filed the required \$10,000 bond.

List Experience

Dates	Training Experience Details
From To	

Special Education (Attach certificates)

Name of Institution	Course Name	Dates
		To From

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Training (Attach certificates)

Name of Trainer	Training Curriculum	Dates	
		To	From

If Applying For Temporary Adjuster License, List Licensed Adjuster

5) List your Supervising Licensed Adjuster who will oversee all work product.
 NPN # _____ State Identification # _____
 Name : First _____ Middle Name _____ Last _____ Jr./Sr/II

Agency or Business Entity Affiliations

6) List your Adjusting Firm Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Adjusting Firm _____

ADJUSTING FIRM MUST COMPLETE FORM 207A

Employment History

7)

Employer	City	State	Foreign Country	From		To		Position Held
				Mo	Year	Mo	Year	

Workers Compensation Claims

8) When adjusting **Workers Compensation Claims**, a principal place of business within the State of New Mexico is required: Will you be adjusting Workers Compensation Claims in the state of New Mexico?
 Yes _____ No _____

If answered "Yes" please complete the information below.

Address _____ City _____ State _____ Zip _____

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9) 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? Yes ___ No ___

"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 or 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.

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 Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4) Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5) 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? Yes ___ No ___

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.

6) Have you or any business in which you are or were an owner, partner, officer, 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? Yes ___ No ___

If you answer yes, you must attach to this application:

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- a) 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

10) Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
 - b) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___
 - c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___
- (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Applicant's Certification and Attestation

11) The Applicant must read the following very carefully:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. 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.
8. 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).

Month/Day/Year

Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

12) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic Verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.njpr.com).

Mailing Address

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Santa Fe, NM 87504

Agents.licensing@state.nm.us

Physical Address

Producer Licensing Bureau
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