



**MISSISSIPPI INSURANCE DEPARTMENT**  
**P.O. BOX 79, JACKSON, MS 39205**

*MIKE CHANEY, Commissioner of Insurance*  
*MARK HAIRE, Deputy Commissioner of Insurance*

<b>DEPARTMENT USE ONLY</b>

**PUBLIC ADJUSTER TRAINEE REGISTRATION**

Check appropriate box for license requested.

**Privilege Tax: \$50.00**

Resident License  
 Non-Resident License: Identify Home State: \_\_\_\_\_ Identify Home State License #: \_\_\_\_\_

**Demographic Information**

Social Security Number		If assigned, National Producer Number (NPN), Mississippi Privilege License Number and/or FINRA Number			
Last Name JR./SR. etc		First Name	Middle Name	Date of Birth (month) ____ (day) ____ (year) ____	
Residence/Home Address (Physical Street)		City	State	Zip Code	Foreign Country
Home Phone Number ( ) -	Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) _____ (If No, 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 (include extension) ( ) -	Business Fax Number ( ) -	Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		P.O. Box	City	State	Zip Code Foreign Country

- a. List any other assumed, fictitious, alias, maiden or trade names you have used in the past:
- b. List any trade names under which you are currently doing business or intend to do business:

**Agency or Business Entity Affiliations**

List your Insurance Agency Affiliations (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

**Employment History**

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	Foreign Country	From		To		Position Held
				Month	Year	Month	Year	

**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.

<p>1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. <b>You may exclude misdemeanor traffic citations or convictions 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.</b> “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 having been given probation, a suspended sentence or a fine.</p> <p><b>If you answer yes, you must attach to this application:</b></p> <p>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,</p> <p><b>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?</b> N/A ___ Yes ___ No ___</p> <p><b>If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)</b> N/A ___ Yes ___ No ___</p>	<p>Yes ___ No ___</p>
<p>2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?</p> <p>“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 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. “Involved” also means having a license 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 an LLC.</p> <p><b>You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</b></p> <p>If you answer yes, you must attach to this application:</p> <p>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.</p>	<p>Yes ___ No ___</p>
<p>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 limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? <b>Do not include personal bankruptcies, unless they involve funds held on behalf of others.</b></p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p>Yes ___ No ___</p>
<p>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?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes ___ No ___</p>
<p>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?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident,  b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or mediation proceedings, and  c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<p>Yes ___ No ___</p>
<p>6. 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?</p> <p>If you answer yes, you must attach to this application:</p> <p>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.</p>	<p>Yes ___ No ___</p>
<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes,</p> <p>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?</p> <p><b>(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency)</b></p>	<p>Yes ___ No ___</p> <p>_____ Months</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p>

**CERTIFICATION OF PUBLIC ADJUSTER TRAINEE**

The undersigned Mississippi licensed public adjuster hereby certifies, under the penalty of law, and agrees to be responsible for the loss and claims practices of the herein named applicant. I agree to notify the Commissioner of Insurance of the State of Mississippi, in writing of the termination of the employment of the herein named applicant.

\_\_\_\_\_  
Printed Name and Mississippi License Number of Certifying Public Adjuster

Mailing Address of Certifying Party:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Phone Number of Certifying Party

\_\_\_\_\_  
Certifying Public Adjuster Signature

**Applicant's Certification and Attestation**

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 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

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)