



**List your residences for the last 10 years starting with your current address:**

<b>Date</b>	<b>Address</b>	<b>City, State &amp; Zip</b>
1.		
2.		
3.		
4.		
5.		
6.		

**List employers and adjusting companies worked for in the last 10 years starting with the most recent:**

<b>Date</b>	<b>Employer/Adjusting Company Name &amp; Address</b>	<b>Phone Number</b>

**List two (2) professional references:**

<b>Name</b>	<b>Company</b>	<b>Title</b>	<b>Phone Number</b>

**Are you or have you ever been a public adjuster? (If yes, please furnish details of when and where.)**

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<b>Education:</b>	<b>Date(s)</b>	<b>School Name(s)</b>	<b>Address</b>	<b>Degree(s)</b>
<b>College:</b>				
<b>Graduate Studies:</b>				
<b>Technical College:</b>				
<b>Others:</b>				
<b>Software Experience:</b>	<b>Years of Experience</b>		<b>Date Last Used</b>	
<b>IntegriClaim:</b>				
<b>Xactimate:</b>				
<b>Simsol:</b>				
<b>Symbility:</b>				
<b>Microsoft Office Suite:</b>				
<b>Other:</b>				
<b>Have you ever worked for Contents Adjuster Team, LLC and/or its affiliates?</b>				
<b>If yes, when and where?</b>				
<b>Date of Last Catastrophe Worked?</b>		<b>For Whom?</b>		
<b>Have you ever worked as a Staff Adjuster? Yes or No (circle)</b>				
<b>If, yes for whom &amp; when:</b>				
<b>Former employer may be contacted?</b>		<b>Yes or No (circle)</b>		
<b>Please indicate years of experience on the following claim types.</b>				
<b>Property Dwelling</b> _____	<b>Property Commercial</b> _____	<b>Personal Property/Dwelling</b> _____		
<b>Business Personal Property</b> _____	<b>Mobile Home</b> _____	<b>Auto Liability</b> _____	<b>Auto Appraisals</b> _____	
<b>General Liability (premises/garage, etc.)</b> _____	<b>Product Liability</b> _____	<b>Heavy Equipment</b> _____		

Boat Physical Damage _____ Environmental _____ Construction _____ Crop Loss _____
Fine Arts _____ Fire Investigation _____ Professional Liability _____ Property – Time Element _____
Additional Living Expense (ALE) _____ Flood/NFIP _____ Third Party Subrogation _____
Litigation/Mediation _____ Farm Equipment _____ Earthquake _____
Casualty/Bodily Injury _____ Business Income Interruption _____ Estimating Property Damage _____
Roof Climbing may be required: Capability to climb: 1 Story _____ 2 Story _____
Are you NFIP Certified? Yes or No (circle)
If so, please check the following which apply to your experience handling NFIP claims.
_____ Commercial, Residential, Mobile Home _____ Years Experience
_____ Mobile Home _____ Years Experience
_____ Property Commercial _____ Years Experience
_____ Property Residential _____ Years Experience
Earthquake Certification for California effective since 03/25/2004? Yes or No (circle)
What type of claims do you prefer? Hail _____ Flood _____ Inside Claims Handling _____
Hurricane _____ Mobile Home _____ Auto _____ Other _____
Would you consider working a desk in the Catastrophe Office? Yes or No (circle)
Do you have any experience working in a Catastrophe Office? Yes or No (circle) When?
Company: Describe Duties:
Have you ever been in a position which required fidelity bond? Yes or No (circle)
If any claims were made on the bond, give details:
Have you ever attended a Personal Property (Contents) course? Yes or No (circle)
If so, with whom and when?



Have had any DWI/DUI convictions in the last <u>5</u> years? Yes or No (circle)	
Have you ever been convicted of, plead guilty to, or plead nolo contendere (no contest) to felony or misdemeanor? Yes or No (circle)	
Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation, or conservatorship? Yes or No (circle)	
Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? Yes or No (circle)	
If yes, give details:	
Primary Language:	
Other Language(s):	
Do you have a valid passport? Yes or No (circle)	
If yes, give expiration date: (Please attach copy)	
Please include a copy of your resume, all licenses, and certifications with this application.	
You are required to have: a. <u>Cell Phone</u> , b. <u>Computer with Adobe Software to create PDF's</u> , c. <u>Scanner</u> , d. <u>Digital Camera</u> , e. <u>Internet Access</u>	
I hereby certify this is true, accurate, and correct.	
Print Name	Date
Signature	Date