

Public Adjuster Business Entity Key Person Affiliation Form

This form should be submitted to Agent Services Division to update key person(s)

A “key person” is considered an owner, partner, officer or director of the business entity, or member or manager of a limited liability company.

Resident business entities acting as a public adjuster are also required to submit fingerprints for each “key person” for a criminal history background check.

Check appropriate box or boxes listed below.

- | | |
|--|---|
| <input type="checkbox"/> Resident Key Person
<input type="checkbox"/> Non-Resident Key Person Identify Home State | <input type="checkbox"/> Affiliation , Date of Affiliation: _____
<input type="checkbox"/> Disaffiliation, Date of Disaffiliation: _____ |
|--|---|

Public Adjuster Business Entity

Business Entity Name		FEIN	
Home State & Home State License Number		If assigned, National Producer Number (NPN)	
Business Address	City	State	Zip Code
Phone Number (include extension)	Fax Number	Business E-Mail Address	

Key Person Demographic Information

SSN	If assigned, National Producer Number (NPN)		
Last Name	First Name	Middle Name	
Residential Street Address	City	State	Zip Code
Phone Number (include extension)	Fax Number	E-Mail Address	

Signature of Responsible Licensed Person	Date
Business Phone Number	National Producer Number (NPN)

Residents

Non-Residents

- Complete pages 1-4
- Submit pages 2-4 to local live scan location.(for additional instructions see [Resident Public Adjuster Fingerprint Requirements](#))
- Mail pages 1-4 with \$38.00 criminal history background check fee to:
Agent Services Division
1204 Mail Service Center
Raleigh, NC 27699-1204
- Make payment payable to NCDOI

- Complete page 1
- Fax, E-mail, or Mail page 1 to:
 - 919-715-3794
 - asd@ncdoi.gov
 - Agent Services Division
1204 Mail Service Center
Raleigh, NC 27699-1204

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 ___

“Crime” includes a misdemeanor, felony or a military offense. 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. “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.

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, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as a party in an administrative 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 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 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, insured or producer, 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 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? Yes ___ No ___

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

- 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.

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for licensing with the NC DEPARTMENT OF INSURANCE – PUBLIC ADJUSTER pursuant to NCGS §§ 58-33A-15.

(Type or Print clearly)

Last Name	First	Middle	Maiden
Social Security Number (Optional*)	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO Box 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



ROBIN P. PENDERGRAFT
DIRECTOR

**ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for license with the Department of Insurance – Agent Services Division pursuant to NCGS 58-33A-15. (Public Adjuster License)

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant/Licensee's Signature

Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Etta P. Maynard

Agency Authorized Official's Signature

June 30, 2010

Date

Etta P. Maynard

Authorized Official's Printed Name

1204 Mail Services Center, Raleigh, NC 27699
Agency Address

(919) 807-6800
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

Signature of Official Taking Fingerprints

Date

Agency Seal/Certification _____



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988



APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth: _____

Middle Name: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address: DOI – Agent Services
Division 1204 Mail Service Center, Raleigh NC
27699

Sex: Male _____ Female _____

Reason Fingerprinted:
Public Adjuster License
State and Fed Search,
§NCGS 58-33A-15

Race: _____
(write the appropriate letter in the space provided)

Social Security Number: _____
(*Optional)

W – White, B – Black, I – American Indian,
A – Asian or Pacific Islander, U -Unknown

Your Case No. (OCA): INSADJ000

Height: _____

Type of Transaction: NFUF

Weight: _____

Eye Color: _____
(write the appropriate letters in the space provided)

NC FP Card Type: OTH

BLK – Black GRY – Gray MAR – Maroon
BLU – Blue BRO – Brown GRN – Green
HAZ – Hazel PNK – Pink XXX – Unknown

Hair Color: _____
(write the appropriate letters in the space provided)

BAL – Bald BLK – Black BLN – Blonde or Strawberry
BRO – Brown GRY – Gray or partially
RED – Red or Auburn SDY -Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.