

Independent Adjuster Application

Thank you for your interest in joining our Independent Adjuster (IA) roster. Please complete this application in full. Submission of this application does not guarantee placement or assignment of claims.

Applicant Information

Full Legal Name: _____
Business Name (if applicable): _____
Preferred Name: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____
City, State, ZIP: _____

Licensing Information

Primary Adjuster License State: _____
License Number: _____
Expiration Date: _____

Other States Licensed (list all):

Do you maintain required CE credits? ☐ Yes ☐ No

Experience & Qualifications

Years of Adjusting Experience: _____

Types of Claims Handled (check all that apply):

- ☐ Residential Property
- ☐ Commercial Property
- ☐ CAT (Catastrophe)
- ☐ Daily Claims
- ☐ Liability
- ☐ Flood

- ☐ Auto
- ☐ Other: _____

Inspection Experience:

- ☐ Interior
- ☐ Exterior
- ☐ Roof (steep/high)
- ☐ Ladder assist coordination

Estimating Software Experience & Licensing:

☐ Xactimate Licensed
Xactimate ID: _____

☐ Symbility Licensed
Symbility ID: _____

☐ Other Estimating Software: _____

Catastrophe Availability

Are you available for CAT deployments? ☐ Yes ☐ No

If yes, typical availability (days/weeks): _____

States willing to deploy to:

Equipment & Technology

Please confirm you have access to the following:

- ☐ Reliable vehicle
- ☐ Ladder (minimum _____ ft)
- ☐ Safety equipment (PPE)
- ☐ Smartphone / tablet
- ☐ Laptop
- ☐ High-speed internet
- ☐ Digital camera / drone (if applicable)

Insurance & Compliance

Do you carry the following?

- ☐ Errors & Omissions (E&O) Insurance
☐ General Liability Insurance

Insurance Carrier(s): _____

Policy Limits: _____

Policy Expiration Date(s): _____

References

Please provide two professional references:

Reference 1

Name: _____

Company: _____

Phone/Email: _____

Reference 2

Name: _____

Company: _____

Phone/Email: _____

Additional Information

Please share any additional information, certifications, or special skills that would be relevant to claim assignments:

Certification & Authorization

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in removal from consideration or termination of any future assignments.

I authorize the firm to verify licensing, insurance, and references as required.

Applicant Signature: _____

Date: _____

Thank you for your interest in working with our firm. We will contact you if your qualifications meet current or future staffing needs.