

# 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.

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## Applicant Information

**Full Legal Name:** \_\_\_\_\_

**Business Name (if applicable):** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

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## Licensing Information

**Primary Adjuster License State:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Other States Licensed (list all):**

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**Do you maintain required CE credits?**  Yes  No

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## 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: \_\_\_\_\_

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**Catastrophe Availability**

**Are you available for CAT deployments?**  Yes  No  
If yes, typical availability (days/weeks): \_\_\_\_\_

**States willing to deploy to:**

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**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)

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## Insurance & Compliance

**Do you carry the following?**

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

**Insurance Carrier(s):** \_\_\_\_\_

**Policy Limits:** \_\_\_\_\_

**Policy Expiration Date(s):** \_\_\_\_\_

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## References

Please provide two professional references:

**Reference 1**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

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## Additional Information

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

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## 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:** \_\_\_\_\_

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