

Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
Manila

APPLICATION FOR ADJUSTER'S LICENSE
(Under Chapter IV, Title 5 of the Insurance Code)

INSTRUCTIONS TO APPLICANTS	FOR THE INSURANCE COMMISSION USE
<p>Accomplish this form legibly and fully in your own handwriting. This application will not be accepted unless all information called for are furnished.</p> <p>If applicant is a partnership, association or corporation, questions 3, 4, 5, 6 9, 10(b), 11, 12, 14, 15, 16 and 17 refers to the officer of the partnership, association or corporation authorized to accomplish this application and whose name appears under No. 8 hereof.</p> <p>If applicant is a partnership, association or corporation organized or existing under any law other than those of the Philippines or more than thirty (30%) percent of the outstanding capital of which is owned or controlled by aliens, the said applicant must also submit copies of the certificate from the Board of Investments pursuant to R.A. No. 5453 authorizing it to transact or engage in any economic activity in the Philippines.</p> <p>If the officer of the partnership, association or corporation making this application is a foreigner, he/she must present to the Insurance Commission his/her Alien Certificate of Registration for the current year.</p> <p>Should the license applied for be issued, the holder thereof must notify the Insurance Commissioner of facts stated in this application which have been changed, such as address, change of directors and/or officers, etc.</p> <p>The applicant or the individual mentioned in Item No. 8 must submit with this application, two (2) identical passport size copies of his/her recent photograph and a documentary stamp to be affixed to the license to be issued.</p>	<p>Verified by: _____ Date: _____</p> <p>Processed by: _____ Date: _____</p> <p>Approved by: _____ Date: _____</p> <p>License Fee: ₱ _____ O.R. No.: _____ Date: _____</p> <p>License No. _____</p> <p><input type="checkbox"/> Independent Adjuster</p> <p><input type="checkbox"/> Public Adjuster</p> <p>Fire <input type="checkbox"/></p> <p>Marine <input type="checkbox"/></p> <p>Casualty <input type="checkbox"/></p>

To the Insurance Commissioner:

The undersigned hereby applies for a license to act as Independent/Public Adjuster of Fire/Marine/Casualty insurance claims and for that purpose submits the following statements and answers to the questions contained in this application:

 Business Name

1. Full Name of Applicant: _____
2. Present Address: _____
3. Date of Birth: _____ Place of Birth: _____
4. Citizenship: _____ Civil Status: _____
5. If naturalized citizen of the Philippines, give date and place of naturalization. _____

6. If foreigner, give serial number, date and place of issue of Alien Certification of Registration for the current year. _____

7. (a) If applicant is a partnership, association or corporation, state whether same is registered in the Securities and Exchange Commission or in the Bureau of Commerce and in the affirmative case, attach hereto a copy each of the Articles of Incorporation, Association or Incorporation, as the case may be, of the partnership, association or corporation and its By-Laws.

(b) If applicant is a partnership, association or corporation, state what percentage of its capital belongs to citizens of the Philippines. _____ *(Attach a list showing the names, address and nationalities of the partners, members or stockholders, as the case may be as well as the amount of participation or stocks owned by each as of the date of this application.)*
8. If applicant is a corporation, attach list showing (a) the names, addresses and dates of election of the members of its Board of Directors and of its officers; and (b) the names, addresses, and date of employment of the members of its staff authorized to adjust on fire, marine, average and/or casualty losses for the company, as well as their respective educational attainments and previous experiences.
9. Have you ever been discharge from any position? _____ If yes, state particulars _____

10. (a) Has any person listed under No. 8 been accused of any crime? _____ *(If yes, attach copy of decision of the Court).*

(b) Have you ever been accused of any crime? _____ *(If yes, attach copy of decision of the Court.)*
11. What experience or training have you had as an adjuster in the line of insurance claims adjustment for which a license is now being applied? (You may indicate your answer on a separate sheet of paper which should be attached hereto.) _____

12. Are you indebted to any person (natural or juridical)? _____ If yes, give names and addresses of creditors and also details and evidence of the arrangements you have made for the settlement of your debts. _____

13. Have you filed your income tax returns for the preceding year? _____ If no, state reason. _____

14. Give complete record of your education, name and location of schools attended and length of time spent in each.

Elementary : _____

High School : _____

College : _____

Technical Course/Special Course : _____

15. If applicant has successfully completed an academic or training program in the kind of insurance contemplated in the license applied for, attach hereto proof to that effect.

16. In the following blanks below, state how you have been occupied during the last ten (10) years (without interruption) up to date of this application, irrespective of whether employed or not.

Inclusive Dates From – To	Name of Employer	Where	In What Capacity	Reason for Leaving

17. Give below the names, occupation and addresses of four (4) responsible persons for reference. *(Do not give the name of a relative or a former employer or anybody connected with the company which you wish to represent.)*

Name	Occupation	Post Office Address
1.		
2.		
3.		
4.		

18. Are you a member of any association, club or society? _____ If so, give name, address and nature of organization. _____

Executed this _____ day of _____, 20____ at _____.

Signature of Applicant

TIN: _____

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
Province/City of _____) S.S.

I, _____, being duly sworn, depose and say that I am the person named in and who signed the foregoing application; that I know that the contents thereof and the statements made and answers to questions therein are true.

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____
20____, affiant who exhibited to me his/her Community Tax Certificate No. _____ issued
on _____, 20 _____ at _____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____