

Amcat Adjusting Services Adjuster Questionnaire

Last Name: _____ First Name: _____ MI: _____

Name you go by: _____ Social Security Number: _____

Home Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

How do you want to be paid? As an individual _____ or as a business _____

If as a business: Business name: _____ Federal Tax ID #: _____

What year did you begin your adjusting career? _____ How many claims did you handle last year? _____

Types of claims you have had direct claims experience with.

(Check all that apply AND enter the number of years experience you have fore each that you check.)

Type of Claims	Yes	# Years	Type of Claims	Yes	# Years
Property – Personal Lines			Business Interruption		
Property – Commercial Lines			Flood		
Auto – Personal Lines			Inland Marine		
Auto – Commercial Lines			Marine Survey		
Liability – Personal Lines			Aircraft		
Liability – Commercial Lines			Casualty / Workers Comp		

Types of catastrophes that you have had direct claims experience with:

(Check all that apply AND enter the number of years experience you have fore each that you check.)

Type of Catastrophes	Yes	# Years	Type of Catastrophes	Yes	# Years
Flood			Earthquake		
Hail			Fire		
Hurricane			Liability Cat		
Tornado			Other First Party Cats		

List the CURRENT adjuster licenses you have at this time.

State	License Number	Type	State	License Number	Type

Adjuster Certifications

Are you NFIP Certified? Yes _____ No _____ If NFIP certified, enter your NFIP number: _____

If NFIP certified list the NFIP losses you are qualified to handle:

Residential ___ Condominium ___ Mobile Home ___ Small Commercial ___ Large Commercial ___

Designations you possess (check all that apply) AIC ___ CPCU ___ RPA ___ Other _____

Other Certifications (Example: USAA, TWIA, Florida Citizens, Etc.)

Company	Type	Date of Certification	Score (if applicable)

Software in which you are proficient: Xactimate ___ MS/B IntegriClaim ___ Other _____

Do you have a current XactNet Address? Yes ___ No ___ XactNet Address _____

Have you ever been a Catastrophe Supervisor? Yes ___ No ___ If Yes, give details below.

Have you ever been a QC File Examiner? Yes ___ No ___ If Yes, give details below

Do you have your own E&O policy in force? Yes ___ No ___ If Yes, Company Name: _____

Are you Bilingual? Yes ___ No ___ If Yes, list the languages. _____

Do you have a current Passport? Yes ___ No ___ Are you available for International Assignment? Yes ___ No ___

Do you have any limitations which would prevent you from climbing & inspecting a one or two story roof? Yes ___ No ___

Have you been convicted of a crime in the last 7 years (including traffic violations such as DUI) or have you ever been convicted of a felony? Yes ___ No ___ If Yes, give details below.

Have you ever had your adjuster's license suspended or revoked? Yes ___ No ___ If Yes, give details below.

I certify that the information contained in this questionnaire is true and complete to the best of my knowledge and understand that falsified statements on this questionnaire shall be grounds for dismissal and termination of any contract with Amcat Adjusting Services.

Date _____ Signature _____