

# 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.

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

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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.

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

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**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 \_\_\_\_\_