

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ADJUSTER CERTIFICATION APPLICATION

Recertification New Certification Staff Adjuster Yes No

Please complete Section I below in its entirety. Then turn the form over and complete all applicable parts of Section II. Sign and date the form and mail it to: NFIP Bureau & Statistical Agent, Certification Coordinator, P.O. Box 310, Lanham, MD 20703-0310

Section I – Please Print

1. Name _____
2. Flood Certification Number (FCN) _____
3. Street Address _____
4. City _____ State _____ ZIP Code _____
5. Day Phone Number _____ Evening Phone Number _____
6. E-mail Address _____ Fax Number _____
7. Are you a licensed adjuster? Yes No If yes, which state(s)? _____
8. Number of years of flood adjusting experience: _____ Number of years of property adjusting experience: _____
9. Has your license ever been revoked? Yes No
If yes, reason _____

10. Have you ever been suspended or terminated by the NFIP? Yes No
If yes, reason _____

11. Have you ever attended an NFIP Claims Presentation? Yes No
If yes, location _____ Date Attended _____
12. Did you attend a company sponsored training session? Yes No
If yes, Location _____ Company _____ Date Attended _____
13. Present Errors and Omissions Carrier _____

Complete all applicable parts of Section II on the reverse.

Section II – Please Print

Check “Yes” or “No” to indicate the category(ies) in which you are seeking certification:

1. Residential (Dwelling) Yes No

2. Manufactured (Mobile) Home/Travel Trailer Yes No

Commercial (General Property):

3. Small Commercial (up to \$100,000) Yes No

4. Large Commercial (from \$100,001 to \$500,000) Yes No

5. Condominium (RCBAP) Yes No

For the category(ies) that you have selected, answer the following questions:

- What is the building dollar limit estimate that you have prepared in this category?

- What is the dollar limit on contents inventory that you have prepared?

- What is the largest combined loss and claim that you have adjusted?

Building \$ _____ Contents \$ _____ Total Amount \$ _____

If you have adjusted a condominium loss, provide the name, date of loss, location (complete address), and contact individual, along with telephone number.

If you are applying for Large Commercial or RCBAP authorization, provide the names of three insurance company claims personnel who can be contacted to reference your adjusting experience and professionalism.

Name _____ Company _____ Phone _____

Name _____ Company _____ Phone _____

Name _____ Company _____ Phone _____

Declaration Acknowledgement

I declare that I have read the current Standard Flood Insurance Policies (the Dwelling Form, the General Property Form, and the Residential Condominium Building Association Policy) and that all responses on this application are true and accurate.

I acknowledge that misrepresentation of any information provided on this application is grounds for denial of certification, or for suspension or termination of certification if misrepresentation is discovered after certification has been granted.

Signature _____ Date _____