

# Emergency Adjuster License

## General Information:

The emergency adjuster license application is only available in the event of an emergency situation that impacts the state of Florida. When the Department determines that there is an emergency situation, we will make the application available.

When the application is made available, you may apply for an Emergency Adjuster License via [MyProfile](#) (only for Florida-licensed insurance companies, adjusting firms, general lines agents, and independent adjusters).

## Emergency Adjuster Application Instructions (when available):

1. The appointing entity assumes all responsibility, assuring by due diligence inquiry, that the emergency adjuster applicant is certified as qualified to adjust claims, losses, or damages under policies or contracts of insurance issued by the insurer in the event of a catastrophe or emergency; has received training in and is capable of correctly utilizing any computer software program by the appointing entity or person to adjust claims; and is of good and honest character.

The appointing entity is defined as a Florida-licensed insurance company, independent adjusting firm, independent adjuster or general lines agent.

2. Prior to starting the application process, the appointing entity will need the applicants' social security numbers, date of birth, addresses (home, business, mailing, and email), and phone numbers (home and business).

The appointing entity will be able to do a file upload (batch application filing) of this information or manually enter each one.

3. Should one of the applicants in a file upload have a criminal history, the appointing entity will need to apply for those applicants independently from the rest (in a batch file) or the online application will reject the entire filing.

4. Please note the following fees per applicant:

- Application Fee = \$50.00
- License ID Fee = \$5.00
- Appointment Fee = \$10.00

These fees will be paid online during the application process. An appointing entity may pay by VISA, Discover, MasterCard or American Express credit card. There is an additional flat convenience fee of \$2.45 per transaction.

5. To proceed with the application process, please click on the following link or visit: [https://dice.fldfs.com/public/pb\\_index.aspx](https://dice.fldfs.com/public/pb_index.aspx). For assistance, please call 850-413-3137.

# Applicants with Criminal Histories

## Permanent Bar:

Persons who have committed certain felonies are permanently barred from applying for licensure. Other felonies and certain misdemeanors require the applicant to wait for a disqualifying period to lapse prior to applying for licensure. The permanent bar and the disqualifying periods apply regardless of whether adjudication was withheld or an applicant's civil rights have been restored.

An applicant who has committed a felony of the first degree, a capital felony, a felony involving money laundering, fraud, or embezzlement, or a felony directly related to the financial services business is permanently barred from applying for a license. This bar applies to convictions, guilty pleas, or nolo contendere pleas, regardless of adjudication, by any applicant, officer, director, majority owner, partner, manager, or other person who manages or controls any applicant.

A list of common felony crimes with a permanent bar can be found on our website at:

<http://www.myfloridacfo.com/Division/Agents/Licensure/General/DisqualifyingPeriods.htm>.

## Disqualifying Periods:

The following disqualifying periods must be met prior to application and the disqualifying periods begin upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence:

A 15-year disqualifying period exists for all felonies involving moral turpitude that are not specifically included in the permanent bar above.

A 7-year disqualifying period exists for all felonies to which neither the permanent bar nor the 15-year disqualifying period applies.

A 7-year disqualifying period exists for all misdemeanors directly related to the financial services business.

A list of common felony crimes with a disqualifying period can be found on our website at:

<http://www.myfloridacfo.com/Division/Agents/Licensure/General/DisqualifyingPeriods.htm>.

**Please note:** Aggravating and mitigating factors can affect the true length of the disqualifying period. However, mitigation may not result in a disqualifying period less than 7 years. The disqualifying periods begin upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence, including payment of fines, restitution, and court costs for the crime for which the disqualifying period applies. After the disqualifying period has been met, the burden is on the applicant to demonstrate that the applicant has been rehabilitated, does not pose a risk to the insurance-buying public, is fit and trustworthy to engage in the business of insurance pursuant to s. 626.611(7), F.S., and is otherwise qualified for licensure.

**Meeting the conditions above does not automatically guarantee the applicant will be granted licensure.**

For more information, please see the links below:

- Chapter **2011-174**, Laws of Florida
- Section **626.207**, Florida Statutes
- Section **626.611(14)**, Florida Statutes
- Section **626.621(8)**, Florida Statutes

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## Individuals Seeking Consent Under 18 U.S.C. § 1033:

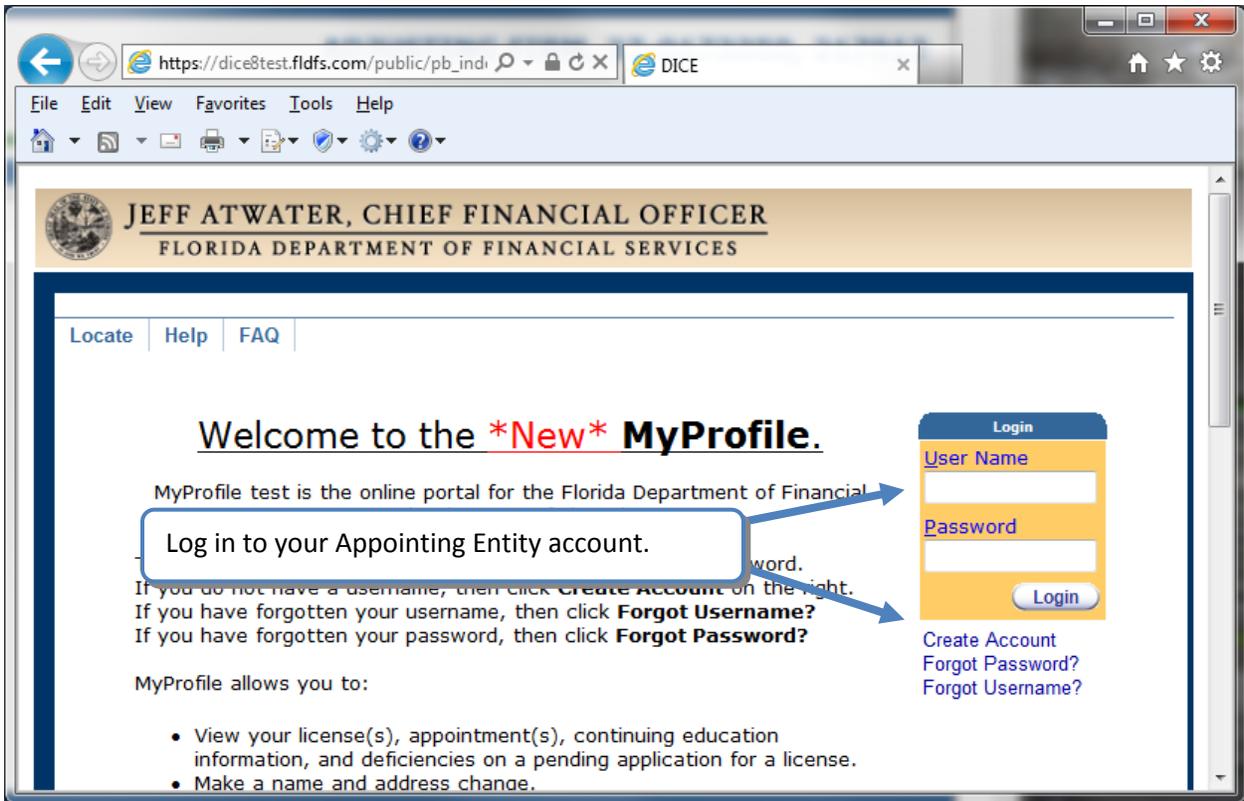
**The Florida Department of Financial Services does not issue consents under 18 U.S.C. § 1033.**

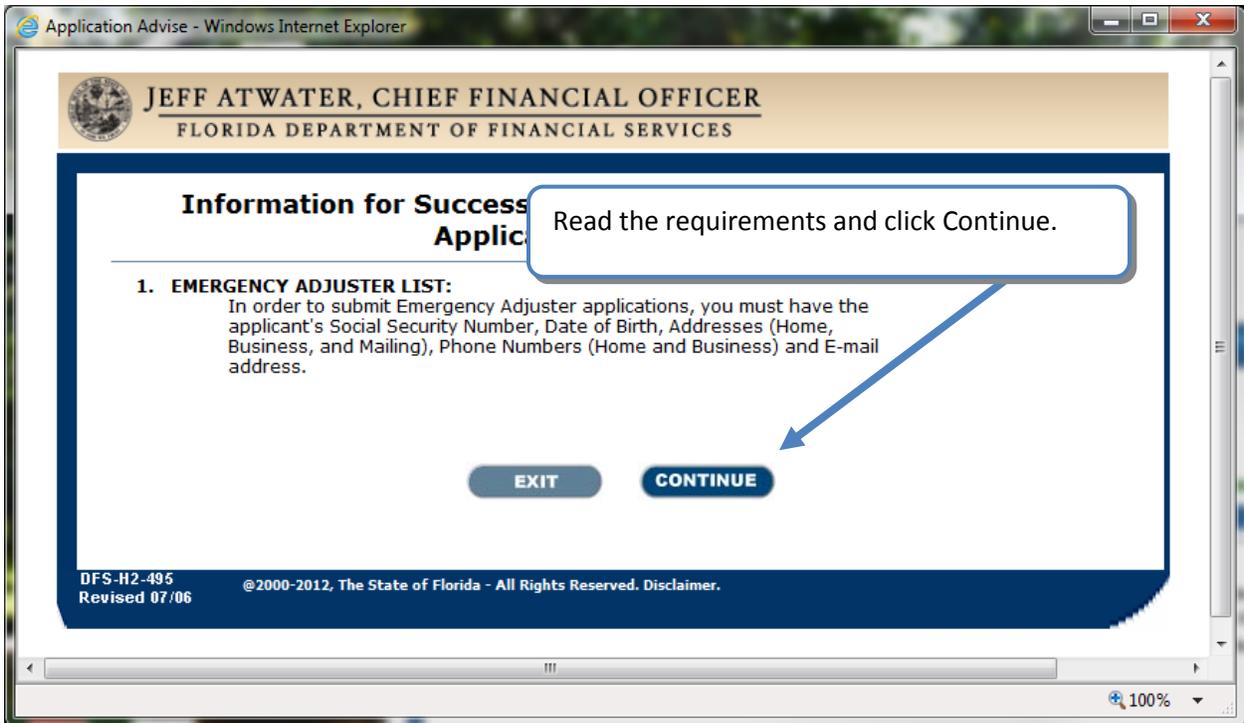
Under 18 U.S.C. § 1033, an individual who has been convicted of a crime involving dishonesty or breach of trust is prohibited from engaging in the insurance business. Violation of this federal law could result in imprisonment for up to five years and a fine of \$5,000. However, the law allows for a prohibited individual to obtain consent from an insurance regulatory official to engage in the insurance business.

While this federal law offers a way for individuals to obtain consent from state insurance regulators and avoid criminal prosecution, the law does not authorize the Florida Department of Financial Services ("Department") to grant or deny the consents. The Department's power is limited to that authorized by the Florida Legislature through the Florida Statutes. Therefore, at the present time, there is no law in the state of Florida authorizing this Department to grant or deny consents under 18 U.S.C. § 1033 or to establish procedures for the exercise of its discretion in this regard.

Please be aware that any license you now have or may receive from this Department does not constitute consent under the federal law. You should therefore govern yourself accordingly.

# How to Apply:





**File Upload:**

**FILE UPLOAD:** This is the file format requirements.

**Submit Adjuster List for Application**

**Adjuster File Format**

Each file should contain four (4) rows per applicant submitted. Each applicant must have three (3) address rows.

In general, all content must be left justified and padded with spaces to the last required position of the field. There should be no blank lines in the upload file.

**Record Type 1 - Adjuster Personal Information**

Column	Content
1	Default to 1, Identifies Record Type
2-10	SSN Number (9 char length)
11-20	Date of Birth (10 char length, format mm/dd/yyyy)
21-65	First Name (45 char length)
66-90	Middle Name (25 char length)
91-135	Last Name (45 char length)
136-145	Suffix (10 char length)
146-155	Home Phone Number (10 char length)
156-165	Business Phone Number (10 char length)
166-170	Business Extension (5 char length)
171-235	Email Address (65 char length)
236-250	<b>Reserved</b>

**Record Type 2-4 - Address Information**

Column	Content
1	Default to 2 - Home, 3 - Business, 4 - Mailing Address, Identifies Record Type
2-76	Street Address 1 or Business Name for Business or Mailing Address (75 char length)
77-126	Street Address 2 (50 char length)
127-156	City (30 char length)
157-158	State (2 char length)
159-160	Country (2 char length)
161-185	Province (25 char length)
186-194	Zip Code (10 char length)
195-250	<b>Reserved</b>

Applicant List - Windows Internet Explorer

 **JEFF ATWATER, CHIEF FINANCIAL OFFICER**  
FLORIDA DEPARTMENT OF FINANCIAL SERVICES

### STEP 1: Applicant List

**Appointing**  
**Appointing**

Click the "E" button to enter the file name. Next, click "Submit" to upload the file. Please [click here](#) for the file format used in uploading this file.

File

Enter List Manually

- File name is empty. Fail to upload, try again.

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**Manual Entry:**

Applicant List - Windows Internet Explorer

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FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Application Advise Applicant List Background Questions Affirmation Statement Checkout Summary

**MANUAL ENTRY:** Enter the SSN and DOB of each individual you would like to submit an application for and click Search.

Appointing E  
Appointing E

SSN Date of Birth Name Reason Count: 0

No Applicants Found.

Add Submit

Applicant Detail

Social Security Number: [ ]-[ ]-[ ]

Social Security Number Confirm: [ ]-[ ]-[ ]

Date of Birth: [ ] [ ] [ ] Search

EXIT BACK

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Applicant List - Windows Internet Explorer

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 FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Application Advise   **Applicant List**   Background Questions   Affirmation Statement   Checkout   Summary

**STEP 1: Applicant List**

**MANUAL ENTRY:** If an individual is already in our system, the information we have on file will populate. If the individual is not in our system, you will need to enter his or her information. Once all of the information is entered, press Save.

Applicant Detail

**Social Security Number:** 005 - 55 - 5555  
**Social Security Number Confirm:** 005 - 55 - 5555  
**Date of Birth:** 01/01/1950     
**First Name:** JOHN  
**Middle Name:**   
**Last Name:** DOE  
**Suffix:**  (Jr., Sr., III.)  
**Email:** JOH.DOE@CNA.COM  
**Verify Email:** JOH.DOE@CNA.COM

**Home Address**

**Street Address:** 123 MAIN ST  
  
**City:** ATLANTA  
**Country:** United States  
**State/Province/Region:** Georgia  
**County:**   
**Postal Code:** 30338

**Business Address**  
 Different from Home Address

**Mailing Address**  
 Same As Home    Same As Business    New Address

**Phone**

**Home Phone Number:** 850 - 555 - 5555  
**Business Phone Number:** 850 - 555 - 5555   **Ext:**

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Applicant List - Windows Internet Explorer

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Application Advise   **Applicant List**   Background Questions   Affirmation Statement   Checkout   Summary

**MANUAL ENTRY:** When you have entered all of the individuals, click Submit.

**Total List Count: 2**

SSN	Date of Birth	Name	Action
123-15-1515	05/02/1964	DOE,JANE	Delete
005-55-5555	01/01/1950	DOE,JOHN	Delete
<input type="button" value="Add"/>	<input type="button" value="Submit"/>		

**Applicant Detail**

**Social Security Number:**  -  -

**Social Security Number Confirm:**  -  -

**Date of Birth:**

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Background Questions - Windows Internet Explorer

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FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Application Advice Applicant List **Background** Affirmation Checkout Summary

Answer all of the questions and click Continue. **NOTE: An individual with a criminal history must be applied for independently.**

If a question(s) below will not let you select "Yes" or "No", it means that you are not required to answer that question(s).

On the following screens you will be asked a series of background questions. If you have EVER entered a plea of guilty, nolo contendere (no contest), or been convicted or found guilty of a felony crime, you are required to give a "Yes" answer, whether or not adjudication of guilt was withheld. If you have been so convicted or have entered one of the pleas above and fail to provide a "Yes" answer, your application may be denied. If you are unsure about how to answer questions regarding your criminal history, you should consult an attorney or review your court records prior to answering.

If you have additional questions please contact the Bureau of Licensing at 850-413-3137.

Yes    I affirm that I understand I must maintain a valid email address on file with the Department.

No

Yes    Is the applicant on probation or participating in a pretrial intervention program or any other diversion program?

No

Yes    Are there currently pending against the applicant or any entity the applicant may control, any criminal, administrative or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?

No

Yes    In the past 12 months, has the applicant been indicted, had an Information filed against him/her or been otherwise charged with a crime by any law enforcement authority anywhere in the United States or its possessions or any other country?

No

Yes    Has the applicant ever been charged, convicted, found guilty, or pled guilty or nolo contendere (no contest) to a felony or crime punishable by imprisonment of one (1) year or more under the laws of any municipality, county, state, territory or country, whether or not adjudication was withheld or a judgment of conviction was entered?

No

Yes    Has the applicant ever had an application for a license declined or denied by this or any other insurance regulatory body?

No

Yes    Has the applicant ever had any professional license subjected to any of the following actions by any state agency or public authority in any jurisdiction:

No

- Revocation in Florida less than two years ago
- Revocation in another state at any time or in Florida more than two years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

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Affirmation Statement - Windows Internet Explorer

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FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Checkout Summary

Once you have read and agree to the affirmation statement, click the check box agreeing to the statement, type your first and last name, then click Continue.

**Applicant Affirmation Statement**

I the undersigned affirm to the Department that an investigation of the applicant has been made and that in the appointing entity's opinion and to the best of the appointing entity's knowledge and belief, the applicant is of good moral character and reputation, and is fit to engage in the insurance business. I further affirm that the appointing entity will furnish any other information the Department may reasonably require relative to the proposed appointee. The appointing entity is willing to be bound by the acts of the applicant within the scope of their employment.

**I agree to the above statement.**

**Affirmation Name(s):**

Joe Adjuster  
First Name Last Name

**EXIT BACK CONTINUE**

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Checkout - Windows Internet Explorer

**JEFF ATWATER, CHIEF FINANCIAL OFFICER**  
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Application | Background | Affirmation | **Checkout** | Summary

Select Credit Card and click Continue. We currently accept VISA, MasterCard, American Express, and Discover. *The credit card companies charge an additional convenience fee of \$2.45.* continue.

Appointing Entity #: 217912

License: Applied For: 00-70 - Resident Emergency Adjuster

Applicants Submitted for:

Application ID: 2814045	SSN: 123151515	Name: DOE, JANE
Application ID: 2814044	SSN: 005555555	Name: DOE, JOHN

Itemized Fees:

Application Fee:	\$50.00
Application Fee:	\$50.00
License Card Fee:	\$5.00
License Card Fee:	\$5.00
Appointment Fee:	\$10.00
Appointment Fee:	\$10.00
<b>Total Amount Due:</b>	<b>\$130.00</b>

Pay By:  Credit Card

EXIT BACK CONTINUE

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Jeff Atwater, Chief Financial Officer  
Florida Department of Financial Services

To schedule a payment, please complete the information below.

Select the credit card type, fill out the information and click Continue.

**Remit Information**

\* Total Services Amount: 130.00

\* Convenience Fee: 4.29

\* Service Type Code: 7

\* Trans Proc Source: DOI-AALF

\* Applicant Name: ADJUSTING FIRM

\* indicates a required field

**Payment Information for Account Number: 9905096**

\*Payment Account Type: MasterCard

\*Name on Credit Card:   
(The name must appear as it does on the credit card account.)

\*Address Line 1:

Address Line 2:

\* City, State/Province, Zip/Postal:

Country: US - United States

\*Credit Card Account Number:

\*Please Reenter the Card Number:

\*Credit Card Security Value:





Click on the image to see Credit Card Security Value locations.

\*Expiration Date: 01 / 2012

Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.

\*Payment Date: 06/28/2012

\*Payment Amount: 134.29

\* indicates a required field

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**Jeff Atwater, Chief Financial Officer**  
Florida Department of Financial Services

Please verify that all the information below is correct and select "CONFIRM" to schedule your payment. If the information is inaccurate, select "MODIFY" to make any required changes.

**Remit Information**

Service Type Code: 7  
Trans Proc Source: DOI-AALF  
Applicant Name: ADJUSTING FIRM

**Verify Payment Information**

Name on Credit Card: john doe  
Account Number: 9905096  
Address Line 1: 123 street  
Address Line 2:  
City, State/Province, Zip/Postal: tallahassee, fl 32333  
Country: US  
Credit Card Account Number: \*\*\*\*5454  
Credit Card Security Value: 003  
Expiration Date: 1/2013  
Payment Date: 06/28/2012  
Payment Amount: \$134.29  
**TOTAL PAYMENT: \$134.29**

Powered by Online Resources      Contact Us      Provided by Bank of America

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 **Jeff Atwater, Chief Financial Officer**  
Florida Department of Financial Services

Your one-time payment has been scheduled.

You may print this page for your records. Click Continue after your page has printed.

**Payment Confirmation** Please print for your records.

Date & Time:	Thu, Jun 28, 2012 09:38:50
Name on Credit Card:	john doe
Account Number:	9905096
Address Line 1:	123 street
Address Line 2:	
City, State/Province, Zip/Postal:	tallahassee, fl 32333
Country:	US
Credit Card Account Number:	****5454
Payment Date:	06/28/2012
Payment Amount:	\$134.29
TOTAL PAYMENT:	\$134.29
Credit Card Auth:	TST193
Transaction Confirmation:	1122503

 **print page**

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Summary - Windows Internet Explorer

JEFF ATWATER, CHIEF FINANCIAL OFFICER

Once you have made your payment, you may print the list of applicants for your records. Press continue when your page(s) have printed.

App Checkout Summary

**STEP 5: Summary** PRINT

You have not completed the application process, until you print for your personal records and press continue.

Appointing Entity Name: ADJUSTING FIRM  
Appointing Entity #: 217912

Applicants Submitted for: 00-70 - Emergency Adjuster License

Application ID: 2814063	SSN: 123151515	Name: DOE, JANE
Application ID: 2814064	SSN: 005555555	Name: DOE, JOHN

Credit Card Confirmation Number:  
1122503

EXIT BACK CONTINUE

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Summary - Windows Internet Explorer

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FLORIDA DEPARTMENT OF FINANCIAL SERVICES

**Application Complete**

Application ID: N/A

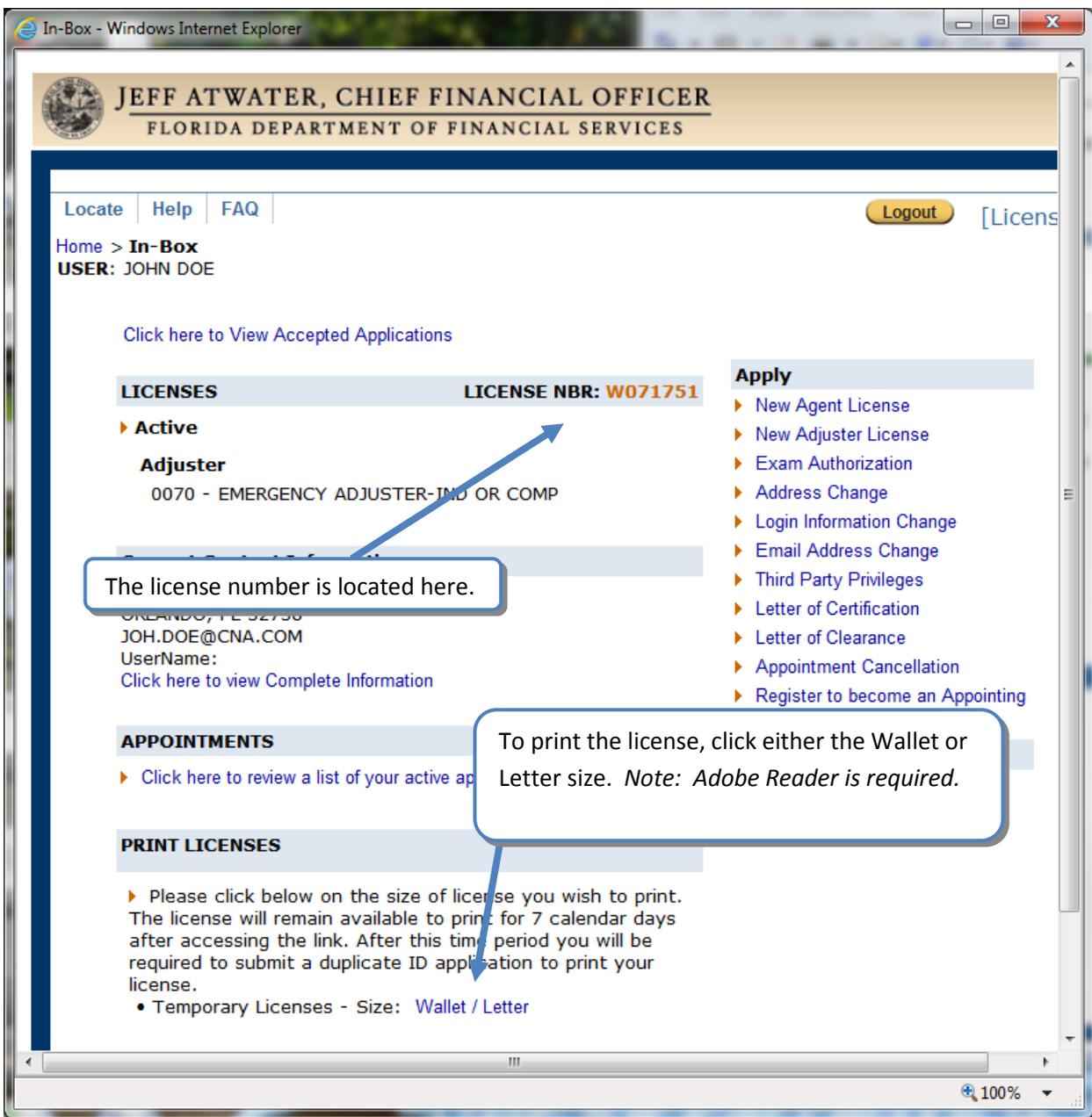
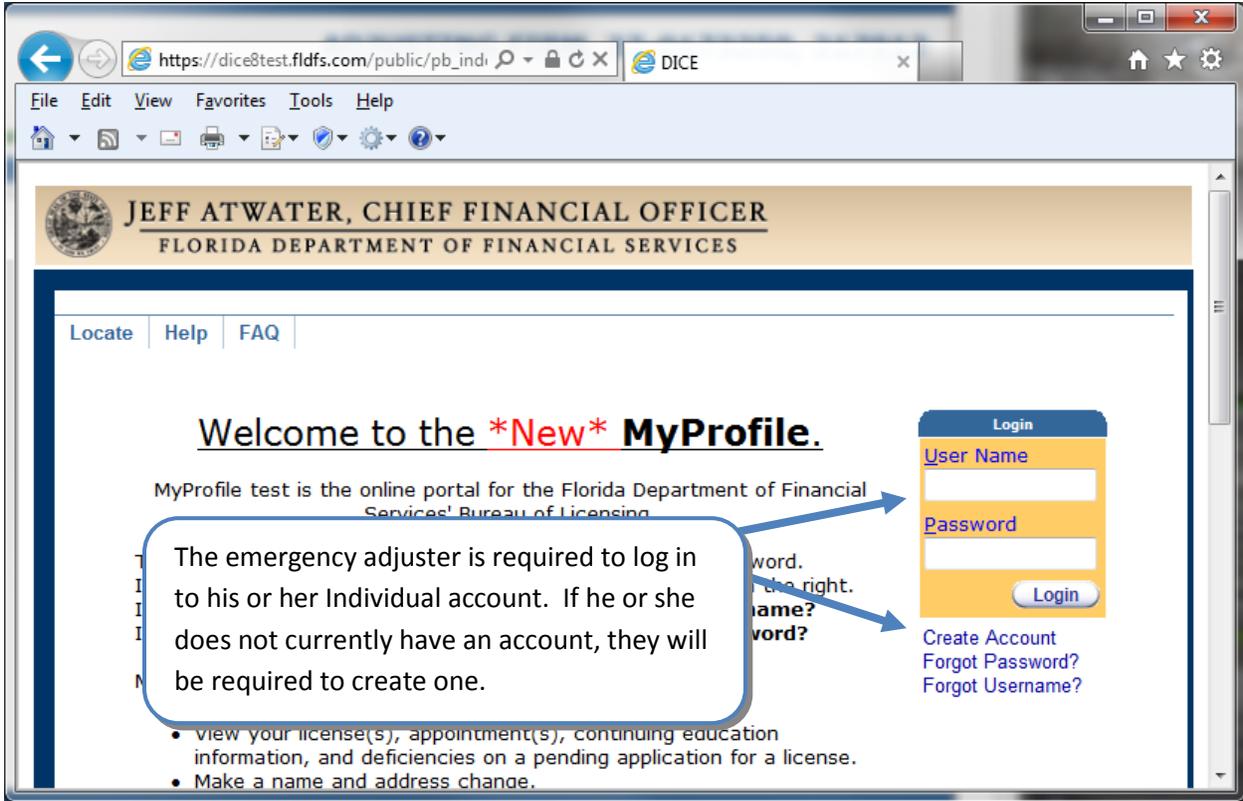
Thank you for submitting your Emergency Adjuster application for to the Department.  
If you have any questions, please visit our website at [www.myfloridacfo.com/agents](http://www.myfloridacfo.com/agents).

EXIT

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# How to Print the License:



Letter Size:

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

**JOHN DOE**  
*License Number : W071751*

Non Resident Insurance License	Issue Date	Expiration Date
● 0070 - EMERGENCY ADJUSTER-IND OR COMP 2011 Storm Season	06/29/2012	07/29/2012

**Please Note:** To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the FL Dept. of Financial Services website at <http://www.myfloridacfo.com/agents/>.

*Jeff Atwater*  
Jeff Atwater  
Chief Financial Officer  
State of Florida

Wallet Size

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

**JOHN DOE**  
*License Number : W071751*

Non Resident Insurance License	Issue Date	Exp.Date
● 0070 - EMERGENCY ADJUSTER-IND OR COMP 2011 Storm Season	06/29/2012	07/29/2012

**Please** To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the FL Dept. of Financial Services website at

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Chief Financial Officer  
State of Florida

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