



ADJUSTER INFORMATION FORM

Name Cell Phone #

Home Address Home Phone #

Mailing Address E-Mail Address

Emergency Contact

Relationship Phone Number

Actual years of Adjusting Experience First Full Year in Industry

Prior Companies

Total Number of Claims You Have Completed Highest Approved Estimate

Check if Worked:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Residential Property | <input type="checkbox"/> Flood | <input type="checkbox"/> Farm Policy | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Flood ICC | <input type="checkbox"/> Builders's Risk | <input type="checkbox"/> Appraisals |
| <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Underwriting Inspections | <input type="checkbox"/> Sinkhole | <input type="checkbox"/> Liability |
| <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Earthquake | <input type="checkbox"/> Inside Desk Examination | <input type="checkbox"/> Automotive |

*Software Skills:
Check if Proficient*

- | | | | |
|---|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Xactimate | <input type="checkbox"/> Powerclaim | <input type="checkbox"/> PinPro | <input type="checkbox"/> Word |
| <input type="checkbox"/> Simsol | <input type="checkbox"/> ADP | <input type="checkbox"/> CCC | <input type="checkbox"/> Excel |
| <input type="checkbox"/> IntegriClaim-MSB | <input type="checkbox"/> Mitchell | <input type="checkbox"/> PDF Bundling | <input type="checkbox"/> XactAnalysis |

LICENSES & CERTIFICATIONS

State Licenses:
Provide copies of each with this form.

Home State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="text"/>	License Number	<input type="text"/>	Exp. Date	<input type="text"/>

NFIP:
Provide copies of each with this form.

Flood Certified FCN Number

Residential Manufactured Homes Small Commercial Large Commercial RCBAP

Additional Certifications

Additional Certifications

Date of Availability

Is Your Estimation Software Active? Yes or No

Date Last Estimate Written