

CROP HAIL ADJUSTER APPLICATION

Part A: Identification Information			<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
Last Name			First Name (in full)			
Middle Name(s) (in full)			Preferred first name			
Place of Residence Number & Street, Apt., etc.			Birth Date MM / DD / YYYY		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
			Personal telephone ()			
City / Town	Province	Postal Code	Personal fax ()			
Address mail will be sent to (complete only if different than place of residence) Business name (if applicable)			Personal e-mail			
			Business telephone & extension ()			
			Cell Phone ()			
Number & Street, Suite, etc.			Business Fax ()			
City / Town	Province	Postal Code	Business e-mail			

Part B: Background

1. Have you ever held an adjusters license anywhere in Canada?
 No Yes If yes, please provide information about the license year, license class & jurisdiction.
2. Has any adjuster license held by you ever been suspended or revoked anywhere in Canada?
 No Yes
3. Have you ever been refused an adjusters license anywhere in Canada?
 No Yes
4. Are you currently or do you plan to engage in any business other than the adjusting business?
 No Yes

