



Date:

Adjusters Contact Information	
First Name	
Middle Name	
Last Name	
Nickname if Any	
Mailing Address	
City	
State	
Zip Code	
Second Address	
City	
State	
Zip Code	
Cell Phone	
Alternative Phone	
Fax Number	
Email	
Second Email	
Tell us more about you	
First Language	
Other Language	
Integrclaim	<input type="checkbox"/> Yes <input type="checkbox"/> No Level of Proficiency: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert
Simsol	<input type="checkbox"/> Yes <input type="checkbox"/> No Level of Proficiency: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert
Xactimate	<input type="checkbox"/> Yes <input type="checkbox"/> No Level of Proficiency: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert
Xactimate Address	
TWIA Inside Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you taken the Critical Skills Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
NFIP Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No NFIP FCN# If yes, how many flood claims have you worked? <input type="checkbox"/> Manufactured <input type="checkbox"/> Residential <input type="checkbox"/> RCBAP <input type="checkbox"/> Small Commercial <input type="checkbox"/> Large Commercial
Availability to work: CAT, Daily, or Both	<input type="checkbox"/> Daily <input type="checkbox"/> Catastrophe <input type="checkbox"/> Both
Experience Level	<input type="checkbox"/> No Experience = 0 years <input type="checkbox"/> Novice = less than 6 months <input type="checkbox"/> Low = 1 Year <input type="checkbox"/> Moderate = 2 – 5 Years <input type="checkbox"/> Experience = 5 yrs. – up Please Specify Years: _____
Areas of Experience	<input type="checkbox"/> Appraiser <input type="checkbox"/> Hail <input type="checkbox"/> Tornado <input type="checkbox"/> Auto <input type="checkbox"/> Hurricane <input type="checkbox"/> Umpire <input type="checkbox"/> Commercial <input type="checkbox"/> Liability Claims <input type="checkbox"/> Vandalism <input type="checkbox"/> Contents <input type="checkbox"/> Lighting <input type="checkbox"/> Water Claims <input type="checkbox"/> Desk Adjuster <input type="checkbox"/> Mold Claims <input type="checkbox"/> Wind Storm <input type="checkbox"/> Earthquake <input type="checkbox"/> Residential <input type="checkbox"/> Work Comp <input type="checkbox"/> Fire <input type="checkbox"/> Snow <input type="checkbox"/> Flood <input type="checkbox"/> Theft



List of all State Licenses			
States	License Number	Expiration Date	Status: Active / Expired / Pending
(AL) - ALABAMA			
(AK) - ALASKA			
(AZ) - ARIZONA			
(AR) - ARKANSAS			
(CA) - CALIFORNIA			
(CO) - COLORADO			
(CT) - CONNECTICUT			
(DE) - DELAWARE			
(FL) - FLORIDA			
(GA) - GEORGIA			
(HI) - HAWAII			
(ID) - IDAHO			
(IL) - ILLINOIS			
(IN) - INDIANA			
(IA) - IOWA			
(KS) - KANSAS			
(KY) - KENTUCKY			
(LA) - LOUISIANA			
(ME) - MAINE			
(MD) - MARYLAND			
(MA) - MASSACHUSETTS			
(MI) - MICHIGAN			
(MN) - MINNESOTA			
(MS) - MISSISSIPPI			
(MO) - MISSOURI			
(MT) - MONTANA			
(NE) - NEBRASKA			
(NV) - NEVADA			
(NH) - NEW HAMPSHIRE			
(NJ) - NEW JERSEY			
(NM) - NEW MEXICO			
(NY) - NEW YORK			
(NC) - NORTH CAROLINA			
(ND) - NORTH DAKOTA			
(OH) - OHIO			
(OK) - OKLAHOMA			
(OR) - OREGON			
(PA) - PENNSYLVANIA			
(RI) - RHODE ISLAND			



List of all State Licenses			
States	License Number	Expiration Date	Status: Active / Expired / Pending
(SC) - SOUTH CAROLINA			
(SD) - SOUTH DAKOTA			
(TN) - TENNESSEE			
(TX) - TEXAS			
(UT) - UTAH			
(VT) - VERMONT			
(VA) - VIRGINIA			
(WA) - WASHINGTON			
(WV) - WEST VIRGINIA			
(WI) - WISCONSIN			
(WY) - WYOMING			

Adjuster Comments

I certify that the above information is true and accurate. I understand that any misrepresentations may be grounds for termination of my contract with Southeast Catastrophe Consulting Company and result in a loss of assignments.

\_\_\_\_\_

Signature of Adjuster

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Printed Name of Adjuster

\_\_\_\_\_

Date Signed