Information for Successful Processing

Privacy Statement

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and § 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.

1. EMERGENCY ADJUSTER LIST:

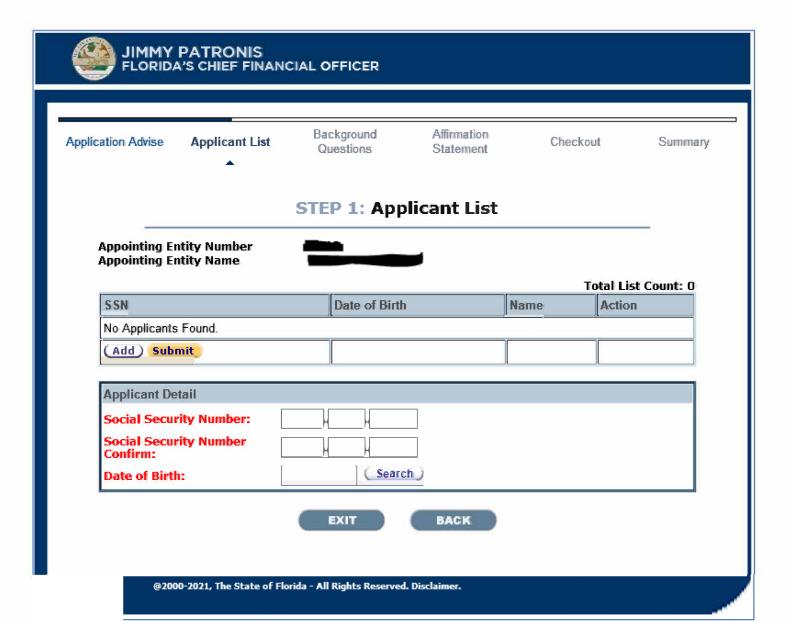
In order to submit Emergency Adjuster applications, you must have the applicant's Social Security Number, Date of Birth, Addresses (Home, Business, and Mailing), Phone Numbers (Home and Business) and E-mail address.

If you are submitting an application for an individual(s) who is a legal alien with work authorization or will be providing a 'Yes' response to a background question, you will be required to submit a separate application for that individual(s).

EXIT

CONTINUE

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| Applicant Detail | | | | | |
|------------------------------------|---------------------------|--|--|--|--|
| Social Security Number: | | | | | |
| Social Security Number Confirm: | | | | | |
| Date of Birth: | Reset | | | | |
| First Name: | | | | | |
| Middle Name: | | | | | |
| Last Name: | | | | | |
| Suffix: | (Jr.,Sr.,III.) | | | | |
| Email: | | | | | |
| Verify Email: | | | | | |
| Home Address | | | | | |
| Street Address: | | | | | |
| City: | | | | | |
| Country: | United States > | | | | |
| State/Province/Region: | <u> </u> | | | | |
| County: Postal Code: | | | | | |
| Business Address | | | | | |
| ☐ Different from Home Address | s | | | | |
| Mailing Address | | | | | |
| ● Same As Home ○ Same A | As Business O New Address | | | | |
| Phone | | | | | |
| Home Phone Number: | | | | | |
| Business Phone Number: | - Ext: | | | | |
| Save Delete | | | | | |

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STEP 2: Background Questions

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, <u>and whether or not the records are sealed or expunged</u>. 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 AgentLicensing@MyFloridaCFO.com.

| ○ Yes ○ No | Are you a United States Citizen? |
|---------------|---|
| Yes No | I affirm that I understand I must maintain a valid email address on file with the Department. |
| Yes No | Is the applicant on probation or participating in a pretrial intervention program or any other diversion program? |
| Yes No | 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? |
| 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? |

| O Yes | Has the applicant ever been convicted, found guilty, or pled guilty or nolo contendere (no contest) to a felony under the laws of any municipality, county, state, territory or country, whether or not adjudication was withheld or a judgment of conviction was entered, and whether or not the records are sealed or expunged? |
|-------|---|
| O Yes | Has the applicant ever had an application for a license declined or denied by this or any other insurance regulatory body? |
| O Yes | Has the applicant ever had any professional license subjected to any of the following actions by any state agency or public authority or any other regulatory authority in any jurisdiction: 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 |
| | EXIT BACK CONTINUE |

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STEP 3: Affirmation Statement

Applicant Affirmation Statement

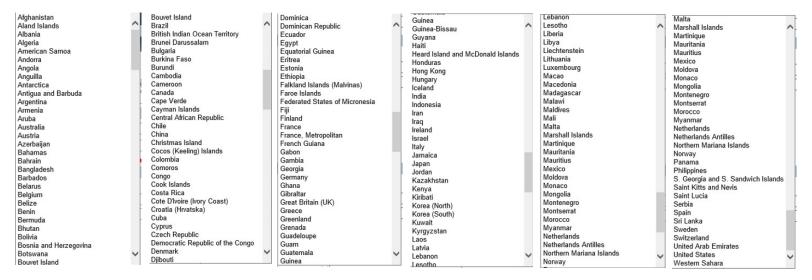
I the undersigned affirm to the Department that an investigation of the applicant has been made and that in the appointing entity's opinion and to the best of the appointing entity's knowledge and belief, the applicant is of good moral character and reputation, and is fit to engage in the insurance business. The appointing entity also certifies any emergency adjuster(s) listed in this application are qualified to act as an adjuster. 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 Na | ime(s): | - |
|----------------|---------|----------|
| First Name | La | st Name |
| EXIT | BACK | CONTINUE |

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The drop down box that requests "Country" will include the following options:



The drop down box that requests "State" or "State/Province/Region" will include the following options:



The drop down box that requests "County" will include the following options:

