



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).

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STEP 1: Applicant List

Appointing Entity Number
 Appointing Entity Name

[REDACTED]

Total List Count: 0

SSN	Date of Birth	Name	Action
No Applicants Found.			
<input type="button" value="Add"/>	<input type="button" value="Submit"/>		

Applicant Detail

Social Security Number:

Social Security Number Confirm:

Date of Birth:

Applicant Detail

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

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

Date of Birth: [Redacted]

First Name:

Middle Name:

Last Name:

Suffix: (Jr., Sr., III.)

Email:

Verify Email:

Home Address

Street Address:

City:

Country:

State/Province/Region:

County:

Postal Code:

Business Address

Different from Home Address

Mailing Address

Same As Home Same As Business New Address

Phone

Home Phone Number: - -

Business Phone Number: - - Ext:



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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, and whether or not the records are sealed or expunged. 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 Are you a United States Citizen?
- No
- 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 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?**

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 or any other regulatory 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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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 Name(s):

First Name

Last Name

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Emergency Adjuster License Initial and Extension Application Drop Down Box Key

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

Afghanistan	Bouvet Island	Dominica	Guinea	Lebanon	Malta
Aland Islands	Brazil	Dominican Republic	Guinea-Bissau	Lesotho	Marshall Islands
Albania	British Indian Ocean Territory	Ecuador	Guyana	Liberia	Martinique
Algeria	Brunei Darussalam	Egypt	Haiti	Libya	Mauritania
American Samoa	Bulgaria	Equatorial Guinea	Heard Island and McDonald Islands	Liechtenstein	Mauritius
Andorra	Burkina Faso	Eritrea	Honduras	Lithuania	Mexico
Angola	Burundi	Estonia	Hong Kong	Luxembourg	Moldova
Anguilla	Cambodia	Ethiopia	Hungary	Macao	Monaco
Antarctica	Cameroon	Falkland Islands (Malvinas)	India	Macedonia	Mongolia
Antigua and Barbuda	Canada	Faroe Islands	Iceland	Madagascar	Montenegro
Argentina	Cape Verde	Federated States of Micronesia	Indonesia	Malawi	Montserrat
Armenia	Cayman Islands	Fiji	Iran	Maldives	Morocco
Aruba	Central African Republic	Finland	Iraq	Maldives	Myanmar
Australia	Chile	France	Ireland	Malta	Netherlands
Austria	China	France, Metropolitan	Israel	Marshall Islands	Netherlands Antilles
Azerbaijan	Christmas Island	French Guiana	Italy	Martinique	Northern Mariana Islands
Bahamas	Cocos (Keeling) Islands	Gabon	Jamaica	Mauritania	Norway
Bahrain	Colombia	Gambia	Japan	Mauritius	Panama
Bangladesh	Comoros	Georgia	Jordan	Mexico	Philippines
Barbados	Congo	Germany	Kazakhstan	Moldova	S. Georgia and S. Sandwich Islands
Belarus	Cook Islands	Ghana	Kenya	Monaco	Saint Kitts and Nevis
Belgium	Costa Rica	Gibraltar	Kiribati	Mongolia	Saint Lucia
Belize	Cote D'Ivoire (Ivory Coast)	Great Britain (UK)	Korea (North)	Montenegro	Serbia
Benin	Croatia (Hrvatska)	Greece	Korea (South)	Montserrat	Spain
Bermuda	Cuba	Greenland	Kuwait	Morocco	Sri Lanka
Bhutan	Cyprus	Grenada	Kyrgyzstan	Myanmar	Sweden
Bolivia	Czech Republic	Guadeloupe	Laos	Netherlands	Switzerland
Bosnia and Herzegovina	Democratic Republic of the Congo	Guam	Latvia	Netherlands Antilles	United Arab Emirates
Botswana	Denmark	Guatemala	Lebanon	Northern Mariana Islands	United States
Bouvet Island	Djibouti	Guinea	Lesotho	Norway	Western Sahara

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

Alabama	Missouri
Alaska	Montana
American Samoa	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Jersey
Colorado	New Mexico
Connecticut	New York
Delaware	North Carolina
District of Columbia	North Dakota
Federated States of Micronesia	Northern Mariana Islands
Florida	Ohio
Georgia	Oklahoma
Guam	Oregon
Hawaii	Palau
Idaho	Pennsylvania
Illinois	Puerto Rico
Indiana	Rhode Island
Iowa	South Carolina
Kansas	South Dakota
Kentucky	Tennessee
Louisiana	Texas
Maine	Utah
Marshall Islands	Vermont
Maryland	Virgin Islands
Massachusetts	Virginia
Michigan	Washington
Minnesota	West Virginia
Mississippi	Wisconsin
Missouri	Wyoming

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

Alachua	Holmes	Levy
Baker	Indian River	Liberty
Bay	Jackson	Madison
Bradford	Jefferson	Manatee
Brevard	Lafayette	Marion
Broward	Lake	Martin
Calhoun	Lee	Monroe
Charlotte	Leon	Nassau
Citrus	Levy	Okaloosa
Columbia	Liberty	Okeechobee
Dade	Madison	Orange
Desoto	Manatee	Osceola
Dixie	Marion	Palm Beach
Duval	Martin	Pasco
Escambia	Monroe	Pinellas
Flagler	Nassau	Polk
Franklin	Okaloosa	Putnam
Gadsden	Okeechobee	Santa Rosa
Gilchrist	Orange	Sarasota
Glades	Osceola	Seminole
Gulf	Palm Beach	St. Johns
Hamilton	Pasco	St. Lucie
Hardee	Pinellas	Sumter
Hendry	Polk	Suwannee
Hernando		Taylor
Highlands		Union
Hillsborough		Volusia
Holmes		Wakulla
		Walton
		Washington