

## ADJUSTER APPLICATION

**Property**

**Auto**

**Both**

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**Date** \_\_\_\_\_ **Social Security Number** -- --

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Street/ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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E-mail Address: \_\_\_\_\_

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Telephone Number(s)

Home ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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Fax ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Beeper ( ) \_\_\_\_\_

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Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

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Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Do you have access to a vehicle for travel? Yes  No

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Have you had any vehicular accidents in the last five years? Yes  No  If yes, how many \_\_\_\_\_  
What dates? \_\_\_\_\_

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Have you had any moving violations in the last five years? Yes  No  If yes, how many \_\_\_\_\_  
What dates? \_\_\_\_\_

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Do you hold any valid adjusting licenses? Yes  No

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What States? \_\_\_\_\_ Type \_\_\_\_\_ License # \_\_\_\_\_

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### Adjusting Experience

Property	Casualty	Auto
<input type="checkbox"/> Residential _____ years	<input type="checkbox"/> General Liability _____ years	<input type="checkbox"/> Collision _____ years
<input type="checkbox"/> Commercial _____ years	<input type="checkbox"/> Auto Liability _____ years	<input type="checkbox"/> Wind/ Hail _____ years
<input type="checkbox"/> Auto _____ years	<input type="checkbox"/> Worker's Comp _____ years	<input type="checkbox"/> RV _____ years
<input type="checkbox"/> Mobile Home _____ years	<input type="checkbox"/> Fed & State _____ years	<input type="checkbox"/> Body Shop _____ years
<input type="checkbox"/> Other _____ years	<input type="checkbox"/> Other _____ years	

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Construction or Auto related experience, type and number of years

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Are you NFIP Certified? Yes  No

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Dwelling Yes  No  Commercial Yes  No   
Mobile Home Yes  No  Condo (RCBAP) Yes  No  Large Loss  Yes  No

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Have you ever worked for State Farm?  Yes  No State Farm I.D. Code: \_\_\_\_\_

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Last Assignment Location \_\_\_\_\_ Superintendent's Name \_\_\_\_\_

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Have you been certified by: State Farm  Yes  No; Wind/ Hail  Yes  No, Earthquake  Yes  No, Flood  Yes  No  
Commercial  Yes  No, Large Loss  Yes  No, Auto  Yes  No; Farmers  Yes  No; Allstate  Yes  No  
AmFam  Yes  No; Other \_\_\_\_\_

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Last Storm Worked:

Month/Year \_\_\_\_\_ Location: \_\_\_\_\_ For Whom? \_\_\_\_\_

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Do you have capability for computer-generated estimates?  Yes  No Do you own a laptop computer?  Yes  No

What type of software do you have? \_\_\_\_\_

Have you used Xactimate software?  Yes  No; ADP  Yes  No; Mitchell  Yes  No; CCC  Yes  No;

Other \_\_\_\_\_ Would you consider yourself proficient in its/their use?  Yes  No

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Are there any restrictions on your availability for assignment or on your length of stay at a CAT site?  Yes  No

If any, please describe \_\_\_\_\_

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Are you able to climb a ladder?  Yes  No

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Have you ever filed for bankruptcy?  Yes  No

If yes, \_\_\_\_\_

Date City County State

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Have you ever been convicted of a crime?  Yes  No

If yes, \_\_\_\_\_

Date City County State

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Nature of offense \_\_\_\_\_

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Have you ever been bonded?  Yes  No

If yes, for what job? \_\_\_\_\_

Have you ever had a bond refused or revoked?  Yes  No

If yes, for what reason? \_\_\_\_\_

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References: (give three supervisors or adjusters you have worked with)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**BRADLEY STINSON & ASSOCIATES, INC.**

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List employers for the last five (5) years starting with your current employer:

Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			
Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			
Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			
Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			
Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			
Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			
Date:	Employer/Address:	Phone Number:	Supervisor:
To/From			
Job description:			

1. The above information must be completed in full, for employment to be considered.
2. If you have been employed as an adjuster, list the vendor you worked for, i.e. Bradley Stinson, not the carrier.
3. Any information not complete and accurate will delay and possibly jeopardize employment.

**Please list the reason(s) you are seeking this employment opportunity.**

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