

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**ADJUSTER REGISTRATION APPLICATION**

OMB Control Number: 1660-0005  
Expiration: 7-31-2020

- New Registration  Re-registration  Independent Adjuster  WYO In-house adjuster  NFIP-BSA General Adjuster  
 Public Adjuster

Please complete the below in its entirety. Then turn the form over and complete the remaining applicable parts.  
Sign and date the form and mail it to:

NFIP Bureau & Statistical Agent, Certification Coordinator, P.O. Box 310, Lanham, MD 20703-0310

|                           |                               |
|---------------------------|-------------------------------|
| 1. NAME (Last, First, MI) | 2. FLOOD CONTROL NUMBER (FCN) |
|---------------------------|-------------------------------|

|   |                     |
|---|---------------------|
| 3. STREET ADDRESS (include city, state, and zip code) | a. CELL PHONE NO.   |
|   | b. OFFICE PHONE NO. |
|   | c. E-MAIL ADDRESS   |

|   |  |
|---|--|
| 4a. Have you ever been issued a license or similar credential to work as an insurance adjuster? If yes, list the State(s), otherwise check "no." <input type="checkbox"/> Yes <input type="checkbox"/> No | 4b. Are you currently a State licensed public adjuster? If yes, list the state(s), otherwise check "no." <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which State(s)? _____ |
|---|--|

5. Number of years of flood adjuster experience \_\_\_\_\_ Number of years of property adjuster experience \_\_\_\_\_

6. If you have received a state adjuster license, has such license been revoked, suspended, limited, or otherwise subject to discipline? If yes provide reason below.  Yes  No

7. Have you ever attended an NFIP Claims Presentation?  Yes  No

If yes, where and when was your last attended NFIP annual adjuster or emergency adjuster authorization seminar? City \_\_\_\_\_  
State \_\_\_\_\_  
Year \_\_\_\_\_

8. Did you attend a company sponsored training session?  Yes  No  
If you have attended a privately sponsored NFIP annual adjuster seminar indicate the year, location and the name of the private company/ sponsor.  
Year: \_\_\_\_\_ Location: \_\_\_\_\_ Private Company/Sponsor: \_\_\_\_\_

9. If you carry your own professional E&O insurance policy, list the carrier, otherwise check "no"  
Carrier: \_\_\_\_\_  No

Check "Yes" or "No" to indicate the category(s) in which you are seeking registration. Check all which applies under each registration type:

|   |  |   |  |                              |
|---|--|---|--|------------------------------|
| 10. Residential ( <i>Dwelling</i> )                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> New Registration | <input type="checkbox"/> Re-Registration; year of initial registration _____ | <input type="checkbox"/> N/A |
|   |  |   | (formerly certification) _____   |                              |
| 11. Manufactured (Mobile) Home/ Traveler Trailer            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> New Registration | <input type="checkbox"/> Re-Registration; year of initial registration _____ | <input type="checkbox"/> N/A |
|   |  |   | (formerly certification) _____   |                              |
| <b>Commercial (General Property)</b>                        |  |   |  |                              |
| 12. Small Commercial ( <i>up to \$100,000</i> )             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> New Registration | <input type="checkbox"/> Re-Registration; year of initial registration _____ | <input type="checkbox"/> N/A |
|   |  |   | (formerly certification) _____   |                              |
| 13. Large Commercial ( <i>from \$100,001 to \$500,000</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> New Registration | <input type="checkbox"/> Re-Registration; year of initial registration _____ | <input type="checkbox"/> N/A |
|   |  |   | (formerly certification) _____   |                              |
| 14. Condominium ( <i>RCBAP</i> )                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> New Registration | <input type="checkbox"/> Re-Registration; year of initial registration _____ | <input type="checkbox"/> N/A |
|   |  |   | (formerly certification) _____   |                              |

See Page 3 for Privacy Act Statement and Paperwork Burden Disclosure Notice

For the category(ies) that you have selected, answer the following questions:

15. What is the building dollar limit estimate that you have prepared in this category?

Building \$ \_\_\_\_\_

16. What is the dollar limit on contents inventory that you have prepared?

Contents \$ \_\_\_\_\_

17. What is the largest combined loss and claim that you have adjusted?

Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

If you have adjusted a condominium loss, provide the name, date of loss, location (*complete address*), and contact individual, along with telephone number.

If you are applying for new registration at any level, provide three references who can attest to your knowledge, experience and customer service skills. If you are applying for new registration at the Large Commercial or RCBAP loss type, provide three letters of recommendation from an insurance or adjusting firm claim management personnel.

|                 |         |                    |
|-----------------|---------|--------------------|
| NAME & POSITION | COMPANY | E-MAIL _____       |
|                 |         | PHONE NUMBER _____ |
| NAME & POSITION | COMPANY | E-MAIL _____       |
|                 |         | PHONE NUMBER _____ |
| NAME & POSITION | COMPANY | E-MAIL _____       |
|                 |         | PHONE NUMBER _____ |

DECLARATION ACKNOWLEDGEMENT.

I declare that I have read of the Standard Flood Insurance Policy form applicable to my registration request, and will to the best of my ability, handle all received NFIP insured claim assignments in accordance with the terms and conditions of the Standard Flood Insurance Policy, and within the standards and requirements stated in the NFIP Adjuster Claims Manual.

I also declare that all responses on this application are true and accurate. I acknowledge the misrepresentation of any information provided on this application, may result in the denial of my registration request, or may result in the revoking of new registration stemming from this request, if a misrepresentation is discovered after my request has been accepted.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### PRIVACY ACT STATEMENT

The information requested is necessary to process the subject loss. The authority to collect the information is 42 U.S.C. §§ 4001 to 4130. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The Federal Emergency Management Agency will not disclose this information, except to: the servicing agent acting as the Federal Government's fiscal agent; to claims adjusters to enable them to confirm coverage and the location of insured property; to certain Federal, State, and Local Government agencies for determining eligibility for benefits and for verification of agencies for acquisition and relocation-related projects, consistent with the National Flood Insurance Program and consistent with the routine uses described in the program's system of record. Failure by you to provide some or all of the information may result in delay in processing or denial of this claim or application.

### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled Claims for National Flood Insurance Program (NFIP) is estimated to average 6 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting these forms. You are not required to respond to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of the these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

| FEMA FORM NO.   | TITLE   | BURDEN HOURS     |
|-----------------|---|------------------|
| 086-0-06        | Worksheet-Contents-Personal Property  | 2.50 Hours       |
| 086-0-07        | Worksheet-Building  | 2.50 Hours       |
| 086-0-08        | Worksheet-Building (Continued)  | 1.00 Hours       |
| 086-0-09        | Proof of Loss   | .08 Hours        |
| 086-0-10        | Increased Cost of Compliance  | 2.00 Hours       |
| 086-0-11        | Notice of Loss  | .07 Hours        |
| 086-0-12        | Statement as to Full Cost to Repair or Replacement Cost Coverage,<br>Subject to the Terms and Conditions of this Policy | .10 Hours        |
| 086-0-13        | Adjuster's Preliminary Report   | .07 Hours        |
| 086-0-14        | Adjuster's Final Report   | .07 Hours        |
| 086-0-15        | National Flood Insurance Program Narrative Report   | .08 Hours        |
| 086-0-16        | Cause of Loss and Subrogation Report  | 1.00 Hours       |
| 086-0-17        | Manufactured (Mobile) Home/Travel Trailer Worksheet   | .50 Hours        |
| 086-0-18        | Mobile Home/Travel Trailer Worksheet (Continued)  | .25 Hours        |
| 086-0-19        | Increased Cost of Compliance (ICC) Adjuster Report  | .42 Hours        |
| 086-0-20        | Adjuster's Preliminary Flood Damage Assessment  | .25 Hours        |
| <b>086-0-21</b> | <b>Adjuster's Registration Application</b>  | <b>.25 Hours</b> |