

# LOUISIANA DEPARTMENT OF INSURANCE

## Application to Register as an Appraiser

(Please Print or Type)

① Name		② Social Security #		③ Date of Birth #	
④ Resident/Domicile Address (Physical Street)			⑤ City		⑥ State
⑧ Business Address (Physical Street)			⑨ City		⑩ State
⑫ Business Phone Number		⑬ Business Fax Number		⑭ Business E-Mail Address	
⑮ Business Web Site Address		⑯ State		⑰ Zip Code	
⑱ Applicant's Mailing Address		⑲ P.O. Box		⑳ City	
㉑ State		㉒ Zip Code			

### Qualifications

㉓ Please list below relevant training, experience or other qualifications which demonstrate your professional competency as an appraiser for fire and extended coverage losses. (Please limit entry to 300 characters)

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

## Background Information

25 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

**Note:** "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

## Applicants Certification and Attestation

I hereby certify that, under penalty of perjury, all of the information submitted in this registration application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for revocation or denial and may subject me to civil or criminal penalties.

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

## Instructions

- Pursuant to La. R.S.22 1807.1, no person shall act as an appraiser in accordance with the provision of La. R.S. 22:1311 (F) (2) unless such a person is registered as an appraiser.
- La. R.S. 22:1311 (F)(2) provides that in the event that a insured and the insurer fail to agree as to the actual cash value or the amount of loss under a standard fire insurance policy, then either the insurer or the insured may make a demand for the use of competent and disinterested appraisers. Each appraiser shall be paid by the party selecting him and the expenses of appraisal shall be paid by the parties equally.
- The determination of whether an appraiser is a competent and disinterested party will be made by the party employing the services of the appraiser. A qualifications provided on this registration application will be made publically available on the Department web site to assist both insurers and insured in electing an appraiser.
- Public adjusters may also be registered as appraisers; however, an individual may not function as a public adjuster and an appraiser for the same claim.
- The initial registration fee is \$55. The registration is valid for 12 months from the date of registration.
- The fee to renew a registration is \$50.
- The registration form and fee should be mailed to

Louisiana Department of Insurance  
PO Box 94214  
Baton Rouge, LA 70804