# Please complete the following questionnaire and submit with your resume.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of years experience as a property adjuster?
   1. Years homeowners: \_\_\_\_\_
   2. Years commercial: \_\_\_\_\_
2. State(s) in which licensed (please list Home State as first state):

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| --- | --- | --- |
| State | License Numbers | Expiration Date |
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1. Which Carriers have you adjusted claims for

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1. What other IA firms are you currently adjusting claims for:

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1. What other IA firms have you previously adjusted claims for:

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1. What Training have you received?

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1. Please list any certifications.

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1. Are you trained and have access to the following:
   1. Xactimate: \_\_\_\_\_ Xactimate Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Symbility: \_\_\_\_\_
2. Who is your current cell phone carrier? (needed for system entry):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you own or operate an Independent Adjusting firm? \_\_\_\_\_\_\_\_\_\_
4. Do you handle CAT claims? \_\_\_\_\_
   1. What percentage of the claims handled are CAT? \_\_\_\_\_
5. Do you have a contractor’s license or work as a contractor? \_\_\_\_\_
   1. If so, what type of contracting license/work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you work with a restoration company, have an association with a restoration company or other contractors that could repair the damages for the claims you are adjusting? \_\_\_\_\_
   1. If so, please list type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What is your availability for handling claims?
   1. Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Distance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Are you able to climb on a roof with a steep pitch? \_\_\_\_
   1. Any restrictions? \_\_\_\_\_\_ If so, list restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Please provide 2 work references.

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| Name | Phone Number |
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