



CROP HAIL ADJUSTER APPLICATION

Name of Applicant _____

Residence Address _____

Residence Telephone Number _____

Residence Fax Number _____

Mobile Number _____

Email Address _____

Business Telephone Number _____

Business Fax Number _____

Have you ever held an adjusters license anywhere in Canada?

_____ No _____ Yes (if yes, please provide information about the license year, class and jurisdiction)

Has any adjuster license held by you ever been suspended or revoked anywhere in Canada?

_____ No _____ Yes

Have you ever been refused an adjusters license anywhere in Canada?

_____ No _____ Yes

Are you currently or do you plan to engage in any business other than the adjusting business?

_____ No _____ Yes



Employment History for the Previous Five Years

Employer's Name	Dates	Position Held

Additional Comments:
