



Greetings,

As leaders in the claim adjusting field we are dedicated to providing high quality, efficient, professional claim services that meet or exceed our clients' expectations. Allied American is constantly searching for qualified insurance claim adjusters.

Qualifications should include experience and licensing in your state, if required; excellent customer service skills, organizational skills, verbal and written communication skills, proficient computer skills and a working knowledge in claims software.

Allied American Adjusting Company requires all applicant adjusters to complete the following paperwork and submit it to the Human Resource Department before you will be considered for work.

Please provide (copies, fax or digital image) the following to Allied American (You may fax or email):

- Completed Independent Contractor Information Application
(Applications where Adjuster License number and/or expiration date is incomplete, will not be processed)
- Completed Background Consent Form
(Must be signed)
- Completed W-9 Request for Taxpayer ID number and Certification
(Must be signed)
- Certifications (NFIP, Citizens of Florida, Earthquake, etc...)
- Adjuster's License, if applicable
- Social Security Card
- Driver's License
- Automobile Insurance Card showing expiration date

Once all forms have been completed and copies of applicable documents have been attached please forward to hrdept@americanadj.com or faxed to the Human Resource Department at 251-445-0298.

ALLIED AMERICAN ADJUSTING COMPANY, LLC

Independent Contractor Information



Independent Contractor Name: _____

DBA (Business Name): _____

Business Phone (____) _____ Home Phone (____) _____

Cell Phone (____) _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

Are you computer literate? Yes Somewhat No

Do you own a computer? Yes No

Are you skilled in the use of any type of adjusting software? Yes No

If yes, indicate software you can effectively use:

Xactimate IntergraClaim PowerClaim MSB

Other _____

Would you be a First Responder to Disaster sites? Yes No

Earthquake Certified ____ Yes _____ No Earthquake Certification No. _____

Available to work: Daily Claims Catastrophe Claims

Languages Spoken Spanish Other: _____

Emergency Contact Name Relationship Home Phone Work Phone Other Phone

1) _____

2) _____

3) _____

- All information will be kept confidential and only accessed in case of an emergency.

Supply the most recent payroll (employee) position you have held:

NAME OF COMPANY	FROM MTH/YR	TO MTH/YR	TYPE OF BUSINESS
JOB TITLE	TELEPHONE NUMBER		IMMEDIATE SUPERVISOR
BUSINESS ADDRESS	CITY	STATE	\$ _____ \$ _____ EARNING AT HIRE AT TERMINATION
REASON FOR TERMINATION _____			
DESCRIPTION OF DUTIES _____			

List the names of Independent Adjusting Firms you have worked with for the past three years:

Company Name	Period worked (mm/yy – mm/yy)	Role (adjuster, examiner, etc.)
		<input type="checkbox"/> Employee <input type="checkbox"/> Ind. Contractor
		<input type="checkbox"/> Employee <input type="checkbox"/> Ind. Contractor
		<input type="checkbox"/> Employee <input type="checkbox"/> Ind. Contractor
		<input type="checkbox"/> Employee <input type="checkbox"/> Ind. Contractor
		<input type="checkbox"/> Employee <input type="checkbox"/> Ind. Contractor

General Adjusting Experience Summary		# of Years	# of Claims
Daily Residential Claims (Water Damage, Fire, Falling Object, Theft, etc..)	<input type="checkbox"/> Yes		
Daily Commercial Claims (Water Damage, Fire, Falling Object, Theft, etc..)	<input type="checkbox"/> Yes		
Catastrophe Residential (Wind and/or Flood, Ice)	<input type="checkbox"/> Yes		
Catastrophe Commercial (Wind and/or Flood, Ice)	<input type="checkbox"/> Yes		

Work Experience Credentials

Please indicate all applicable work experience you have. Only indicate "actual" experience which you can substantiate during an interview.

"X" All Applicable	Type of Experience	Number of Years Experience
	ALE – Advance Living Expense	
	Appraisal/Mediation	
	Automobile	
	Business Interruption	
	Call Center/Agent Support	
	Commercial Adjusting	
	Complex/Mediation	
	Complex/Multi Causation	
	Contents	
	Earthquake	
	Environmental Hazard	
	Fast-track/Phone Estimating	
	Field re-inspection of claims	
	Fire - Commercial	
	Fire - Residential	
	Flood - RCBAP (Condos)	
	Flood - Commercial	
	Flood - Residential	
	Flood – Mobile Home	
	Fraud	
	General Liability	
	Ground Subsidence (Sinkhole)	
	Hail	
	ICC Coverage	
	Ice Storm	
	Jumbo Losses/+500k	
	Marine	
	Special Investigative Unit	
	Theft	
	Tornado	
	Vector/Artisan Risks	
	Wind - Tornado	
	Wind – CAT - Hurricane	
	Workers Compensation	
	Other:	
	Policy Interpretation	
	DFI 1,2,3	
	HO2, 3, 4, 6, 8	
	Building Trade	
	General Contractor - Commercial	
	Construction Estimating	
	General Contractor - Residential	

	Inspection Services	
	Commercial Inspections	
	Home Inspector 4Point	
	Home Inspector Dwelling Cond.	
	Home Appraisal	
	Wind Mitigation Inspections	
	Wind Mitigation Re-Inspections	
	Other	
	Licensed Insurance Agent	
	Rope & Harness	
	Real Estate Appraiser	
	REO Property Mgt / Services	
	No Actual Adjusting Experience	

Role / Job Credentials

Please indicate any positions you have held from the list below. Do not misinterpret this section as "work experience" from preceding section. This section is to identify position/title/role you have held with current or prior companies.

"X" All Applicable	Description	Number of Years Experience
	Adjuster	
	File Examiner - Daily	
	File Examiner - Catastrophe	
	Team Lead - Daily	
	Team Lead - Catastrophe	
	Claim Manager	
	Fast Track / Phone Est.	
	Billing / Accounting	
	Home Inspector 4Point	
	Wind Mitigation Inspector	

NFIP Credentials

Flood Certified: _____ Yes _____ No Flood Certification Number _____

Please indicate the all applicable NFIP designations below:

"X" All Applicable	Description	Number of Years Certified
	A - Residential, Mobile Homes, Small & Large Commercial and Condos	
	B - Residential	
	C - Small Commercial	
	D - Large Commercial	
	E - Mobile Homes	
	F - Condominiums	
	G - Residential and Small Commercial	
	H - Residential and Large Commercial	
	I - Residential and Mobile Homes	
	J - Residential and Condominiums	
	K - Small Commercial and Mobile Homes	
	L - Large Commercial and Mobile Homes	
	M - Small Commercial and Condominiums	
	N - Residential, Large Commercial and Condominiums	
	O - Large Commercial, Mobile Homes and Condominiums	
	P - Residential, Mobile Homes and Small Commercial	
	Q - Residential, Mobile Homes and Large Commercial	
	R - Residential, Mobile Homes and Condominiums	

Certification Credentials

Please indicate all certifications you have achieved in the following sections:

"X" All Applicable	Carrier Certifications	Certified by: (Carrier, Adjusting Firm, School)
	Allstate	
	American Family	
	Citizens of Florida	
	Farm Bureau of Florida	
	Federated National	
	First Premium	
	Hanover Insurance	
	Hartford Insurance	
	Liberty Mutual	
	Nationwide	
	Penn National Insurance	
	Sawgrass Mutual Insurance	
	State Farm Earthquake	
	State Farm Estimating	
	State Farm Wind/Hail	
	TWIA	
	Universal Insurance Company	
	USAA	
	Other:	
	Other:	
	Other Certification Types	
	Earthquake Residential	
	Earthquake Commercial	
	Fire Commercial	
	Fire Residential	
	Fraud Commercial	
	Fraud Residential	
	Hail Commercial	
	Hail Residential	
	Hazwoper	
	Home Inspector	
	Theft Commercial	
	Theft Residential	
	Umpire Certification	
	Wind Commercial	
	Wind Residential	
	Wind Mitigation Re-inspection	
	Other:	
	Other:	
	Other:	
	Other:	

State Adjusting Licenses

Please note: Your application will not be processed if the license number and/or expiration date is missing.

"X" All Applicable	State	License Number	Expiration Date
	Alaska		
	Alabama		
	Arkansas		
	Arizona		
	California		
	Colorado		
	Connecticut		
	Delaware		
	Florida		
	Georgia		
	Hawaii		
	Idaho		
	Iowa		
	Illinois		
	Indiana		
	Kansas		
	Kentucky		
	Louisiana		
	Maine		
	Maryland		
	Massachusetts		
	Michigan		
	Minnesota		
	Mississippi		
	Missouri		
	Montana		
	Nebraska		
	Nevada		
	New Hampshire		
	New Jersey		
	New Mexico		
	New York		
	North Carolina		
	North Dakota		
	Ohio		
	Oklahoma		
	Oregon		
	Pennsylvania		
	Rhode Island		
	South Carolina		
	South Dakota		
	Tennessee		
	Texas		
	Utah		
	Vermont		
	Virginia		
	Washington		
	Wisconsin		
	West Virginia		
	Wyoming		

ALLIED AMERICAN ADJUSTING COMPANY, LLC

Independent Contractor Background, Drug Testing and Motor Vehicle Report Consent Form

I understand that I may be hired as an Independent Contractor for Allied American Adjusting Company upon successful completion of the following screenings including periodic screenings as required by applicable regulations or Company Policy:

- **Drug Screening Examination**
- **Background Check for Criminal History**
- **Acceptable Motor Vehicle (MVR) Report** (as required by the company policy)

In connection with my application for contractual work, I understand that consumer reports which may contain public record information may be requested or made on me including background checks for criminal history, driving records and others. Further I understand that the Company's contracted agent will be requesting information for various Federal State, local and other agencies, which contain my past activity.

I hereby authorize, without reservation, any party or agency contracted by Allied American Adjusting Company to furnish the information requested and as covered in this release. I further authorize ongoing retrieval of the above-mentioned reports at any time during contractual relationship, except where prohibited by law.

Note: Name must appear as it is listed on Driver's License

_____/_____/_____
Applicant Name (First, MI, Last) Date of Birth Social Security Number

_____/_____
Alias/Maiden Name(s) Drivers License Number State

Current Address City State Zip Code

Applicant Signature Date

- **Date of Birth is being requested in order to obtain accurate retrieval of records. Please attach copy of Driver's license.**

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : :
or
Employer identification number : :

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,