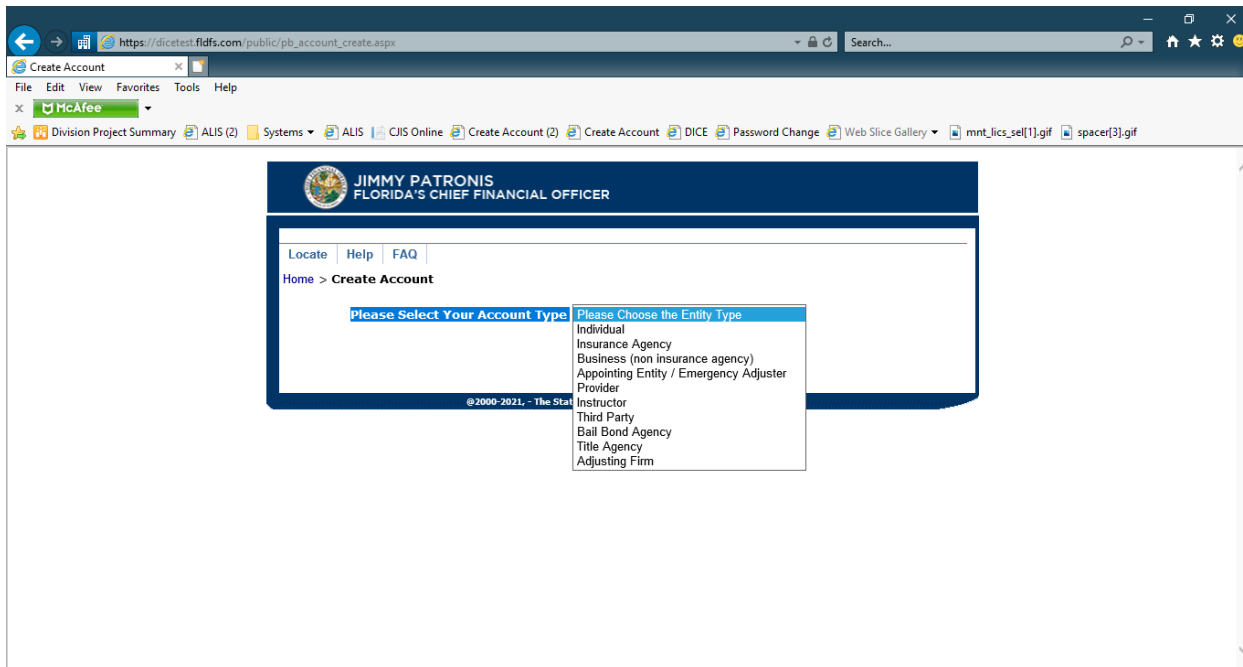
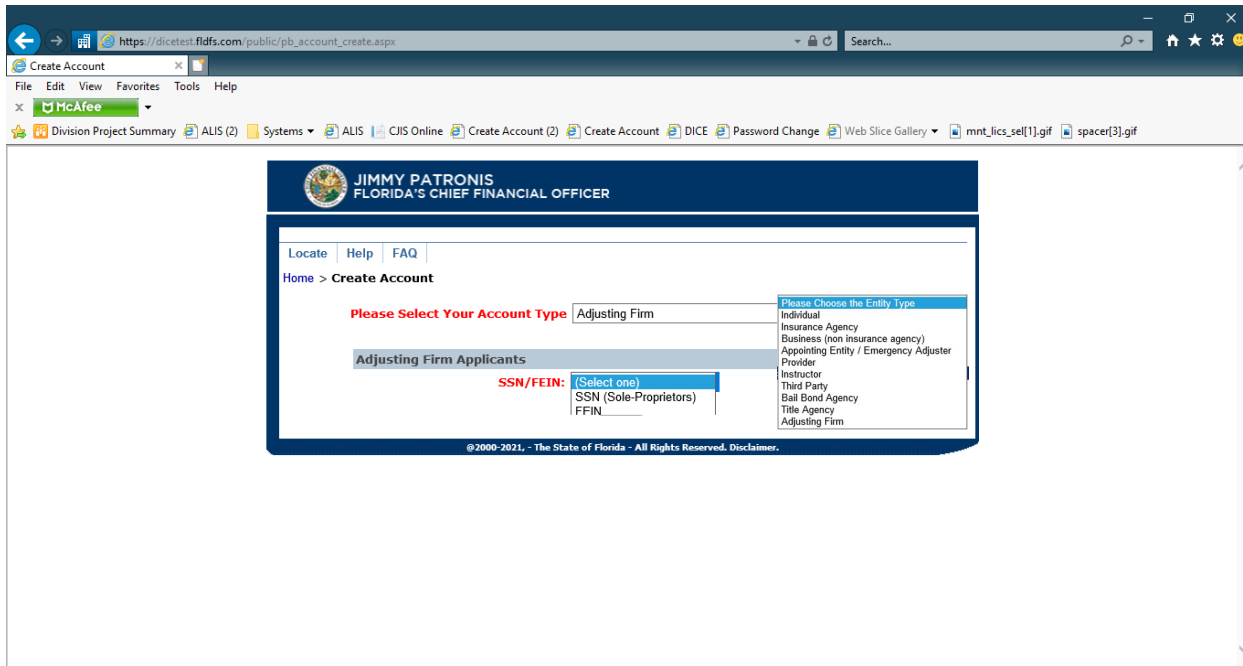


# Adjusting Firm License Application

## Create MyProfile Account



## Select FEIN or SSN



# Adjusting Firm License Application

## Enter account information

https://dicetest.fldfs.com/public/pb\_account\_create.aspx

Create Account

File Edit View Favorites Tools Help

McAfee

Division Project Summary ALIS (2) Systems ALIS CJIS Online Create Account (2) Create Account DICE Password Change Web Slice Gallery mnt\_lics\_sel[1].gif spacer[3].gif

**JIMMY PATRONIS**  
FLORIDA'S CHIEF FINANCIAL OFFICER

Locate Help FAQ

Home > Create Account

Please Select Your Account Type: Adjusting Firm

Please Choose the Entity Type

- Individual
- Insurance Agency
- Business (non insurance agency)
- Appointing Entity / Emergency Adjuster
- Provider
- Instructor
- Third Party
- Bail Bond Agency
- Title Agency
- Adjusting Firm

Adjusting Firm Applicants (Select one)

SSN/FEIN: FEIN FFIN

FEIN Number:

Verify FEIN Number:

License Number:

Next

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https://dicetest.fldfs.com/public/pb\_account\_profile.aspx

Account Profile

File Edit View Favorites Tools Help

McAfee

Division Project Summary ALIS (2) Systems ALIS CJIS Online Create Account (2) Create Account DICE Password Change Web Slice Gallery mnt\_lics\_sel[1].gif spacer[3].gif

Locate Help FAQ

**Account Profile**

Demographic Information

Firm Name:

Email

Email:

Verify Email:

\* Please use a valid email address. This is the primary method of communication.

Business Address

Copy Mailing Address

Street Address:

City:

Country: United States

State/Province/Region: Florida

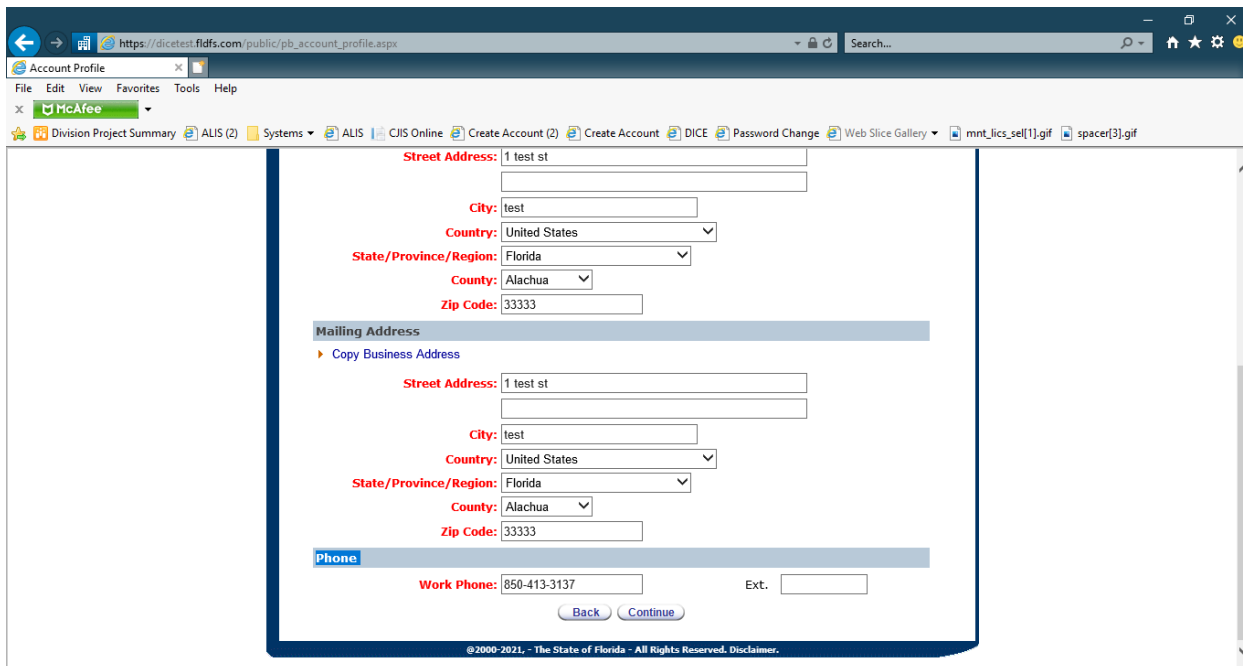
County:

Zip Code:

Mailing Address

Copy Business Address

# Adjusting Firm License Application



Street Address: 1 test st  
City: test  
Country: United States  
State/Province/Region: Florida  
County: Alachua  
Zip Code: 33333

Mailing Address  
Copy Business Address

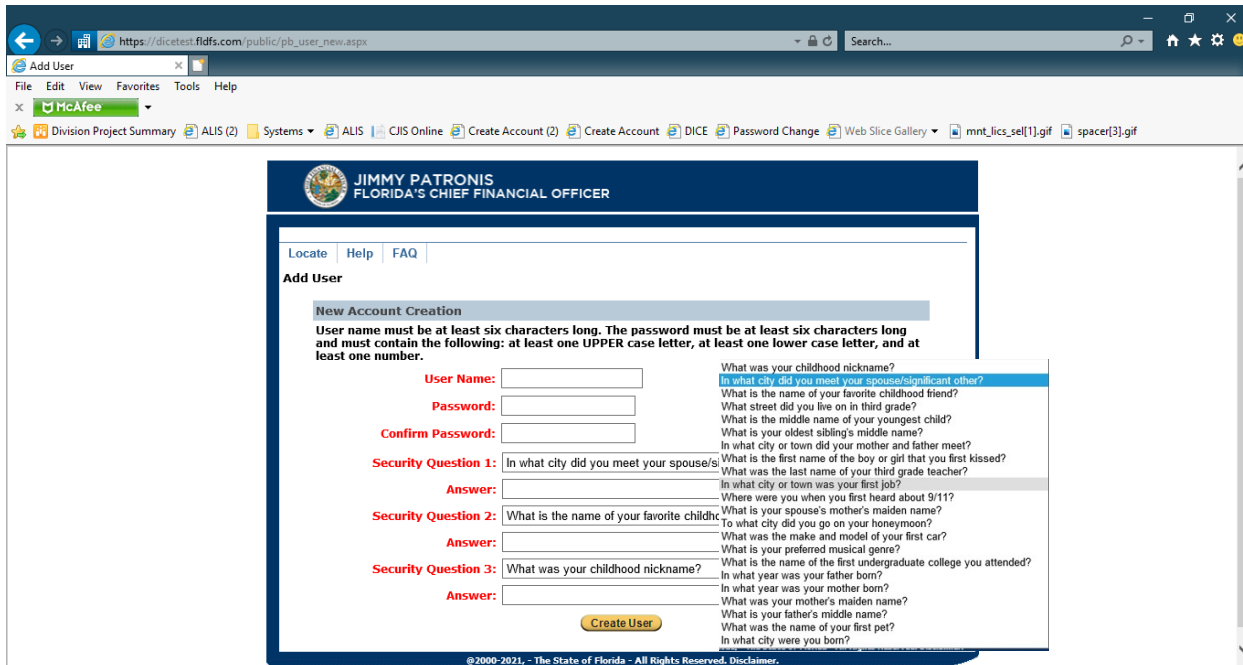
Street Address: 1 test st  
City: test  
Country: United States  
State/Province/Region: Florida  
County: Alachua  
Zip Code: 33333

Phone  
Work Phone: 850-413-3137 Ext.

Back Continue

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## Create Account Credentials



JIMMY PATRONIS  
FLORIDA'S CHIEF FINANCIAL OFFICER

Locate Help FAQ

Add User

New Account Creation

User name must be at least six characters long. The password must be at least six characters long and must contain the following: at least one UPPER case letter, at least one lower case letter, and at least one number.

User Name:

Password:

Confirm Password:

Security Question 1: In what city did you meet your spouse/spartner/other?  
Answer:

Security Question 2: What is the name of your favorite childhood friend?  
Answer:

Security Question 3: What was your childhood nickname?  
Answer:

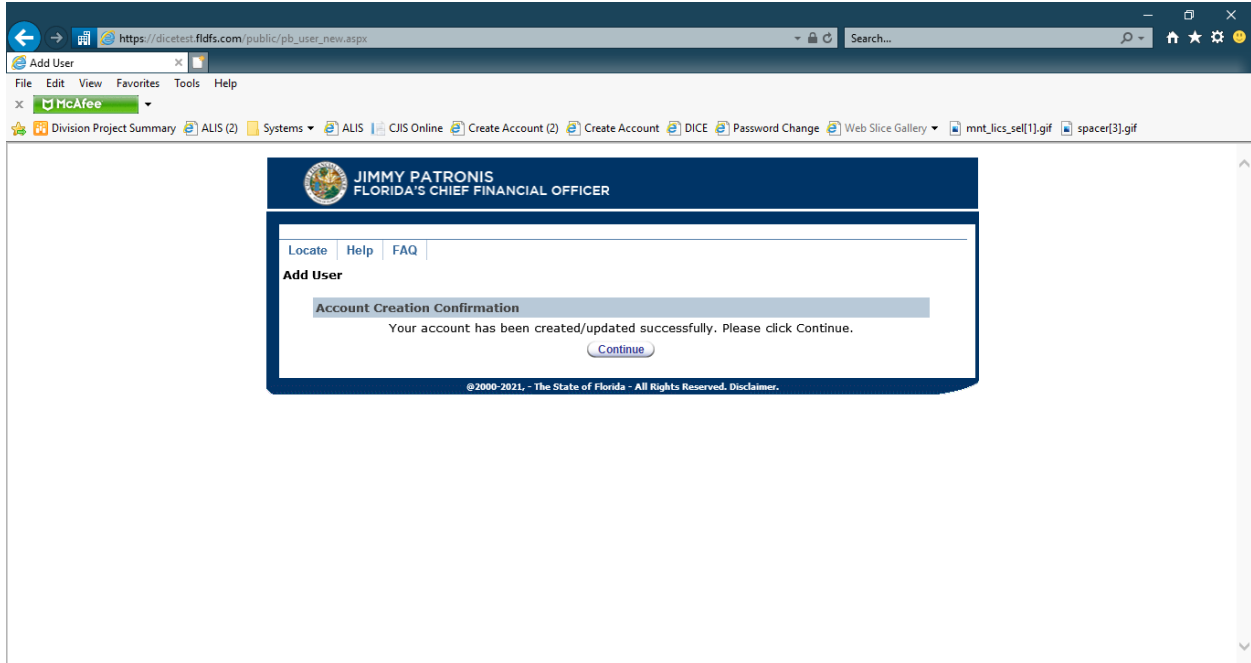
Create User

What was your childhood nickname?  
In what city did you meet your spouse/spartner/other?  
What is the name of your favorite childhood friend?  
What street did you live on in third grade?  
What is the middle name of your youngest child?  
What is your oldest sibling's middle name?  
In what city or town did your mother and father meet?  
What is the first name of the boy or girl that you first kissed?  
What was the last name of your third grade teacher?  
In what city or town was your first job?  
Where were you when you first heard about 9/11?  
What is your spouse's mother's maiden name?  
In what city did you go on your honeymoon?  
What was the make and model of your first car?  
What is your preferred musical genre?  
What is the name of the first undergraduate college you attended?  
In what year was your father born?  
In what year was your mother born?  
What was your mother's maiden name?  
What is your father's middle name?  
What was the name of your first pet?  
In what city were you born?

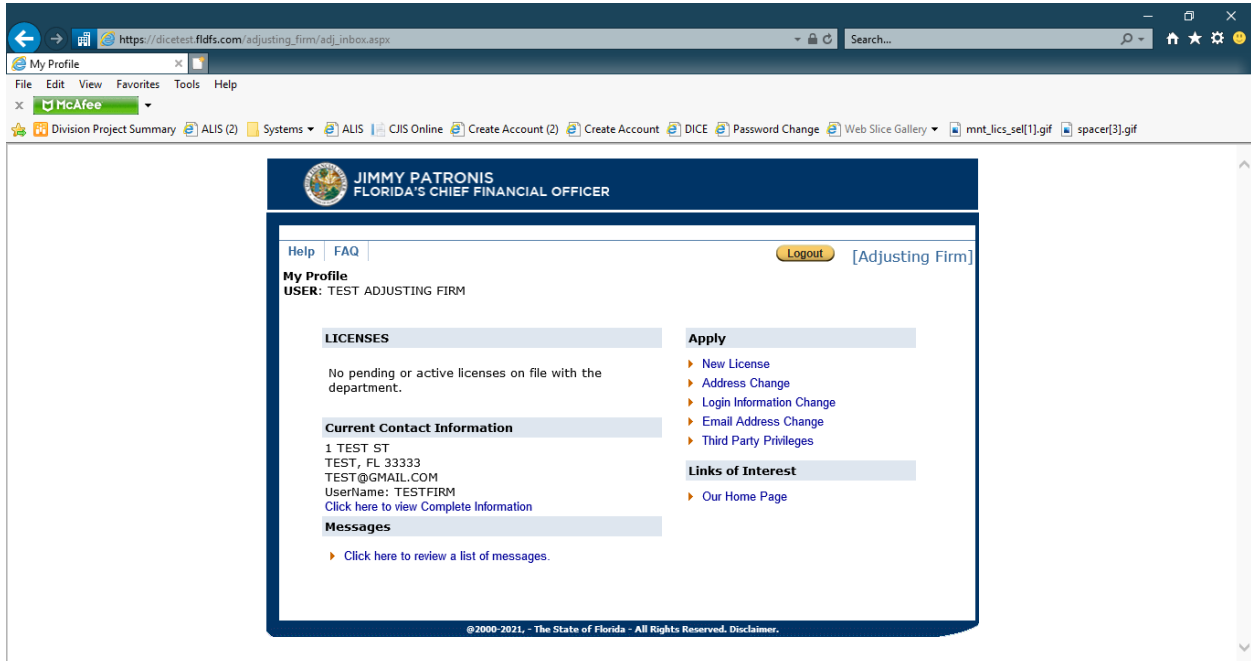
@2000-2021, - The State of Florida - All Rights Reserved. Disclaimer.

Account created

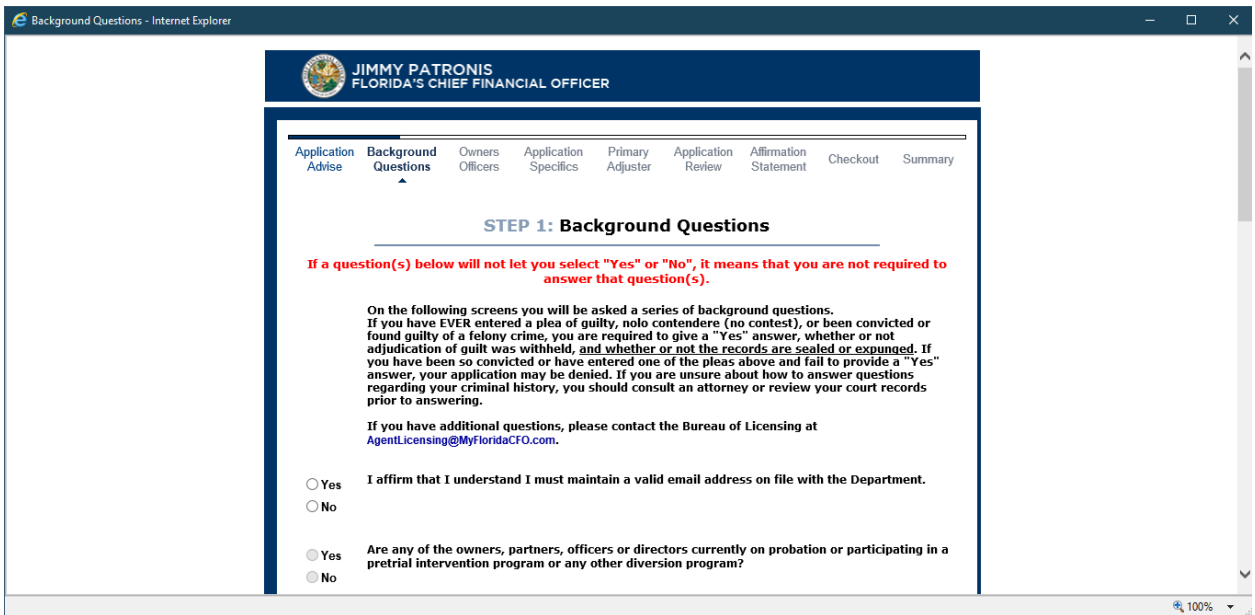
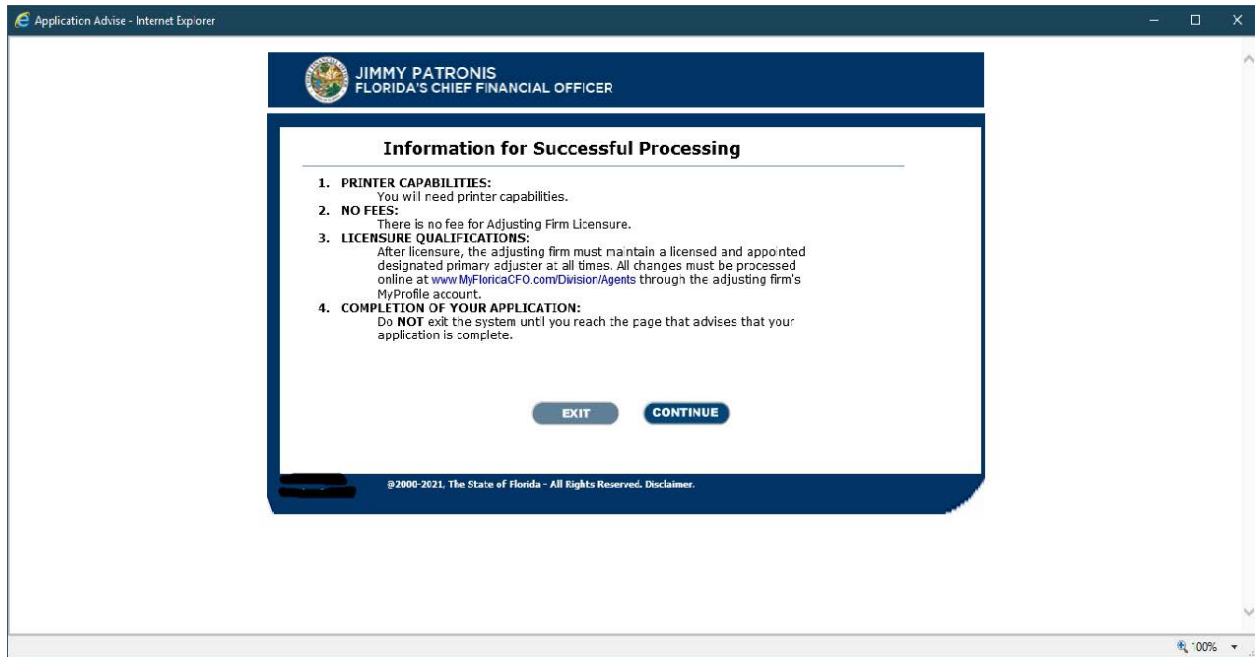
# Adjusting Firm License Application



## MyProfile Account Setup



# Adjusting Firm License Application



## Adjusting Firm License Application

Stop Alert for a “no” response to the first question

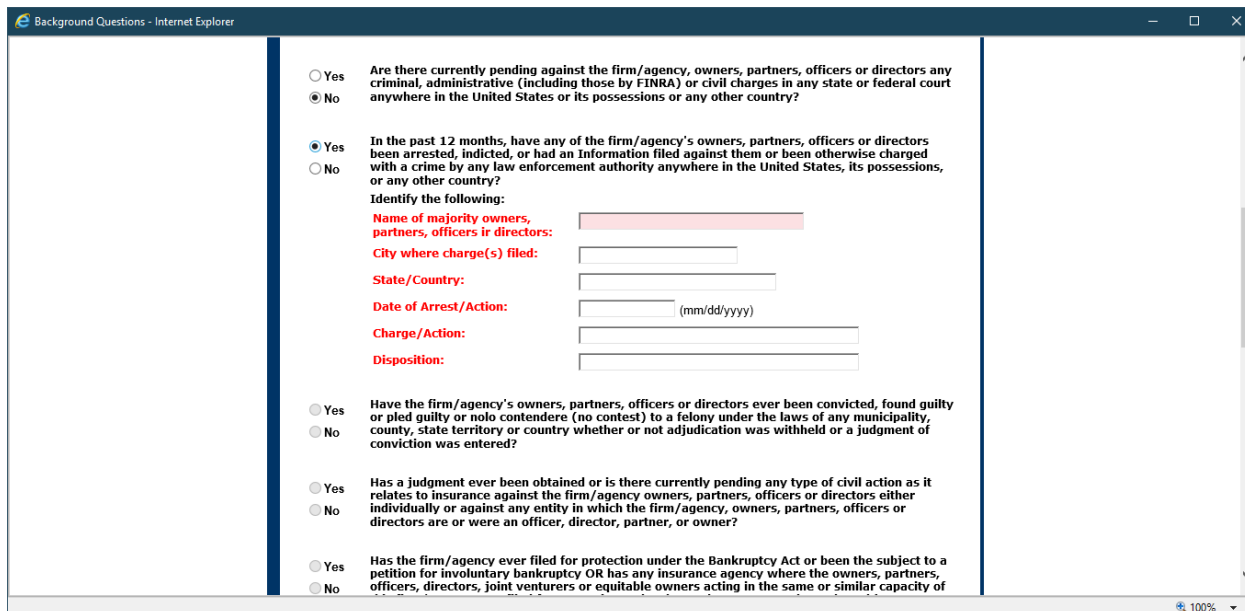
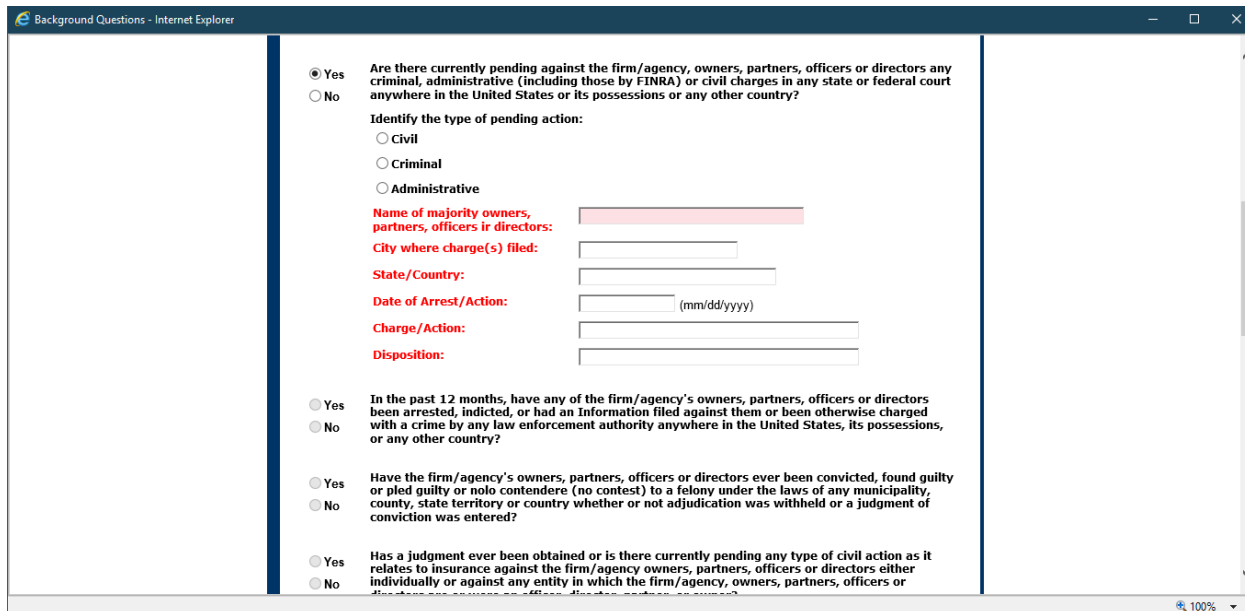
The screenshot shows a web browser window titled "Background Questions - Internet Explorer". The page header includes the Florida Department of Banking and Finance logo and the name "JIMMY PATRONIS, FLORIDA'S CHIEF FINANCIAL OFFICER". The main content area is titled "Important Message" and features a large red octagonal "STOP" sign. Below the sign, the text reads: "You need a valid e-mail address. Therefore, you cannot proceed further with this application." At the bottom of the message box are two buttons: "Exit Application" and "Continue". To the left of the message box, there are radio buttons for "Yes" and "No", with "No" selected. Below the message box, a question is partially visible: "Are any of the owners, partners, officers or directors currently on probation or participating in a pretrial intervention program or any other diversion program?" with radio buttons for "Yes" and "No".

Stop alert for a “Yes” response to the second question

The screenshot shows the same web browser window, but the "Important Message" box contains a different message. It starts with a red octagonal "STOP" sign, followed by the text: "For other than a minor traffic violation, the rules of the Department prohibit the approval of licensure for an individual who is currently serving a probationary term or participating in a pretrial intervention program. You may apply after termination of the program. However, be advised that termination of the program and submission of an application do not automatically ensure that your application for licensure will be approved." Below this, there are two lines of text: "If you need assistance, please contact the Department at (850) 413-3137." and "If you need assistance, please contact the Department at (850) 413-3137." At the bottom of the message box are "Exit Application" and "Continue" buttons. To the left, the "Yes" radio button is selected. Below the message box, the same question as in the first screenshot is visible, but with the "Yes" radio button selected.

# Adjusting Firm License Application

The following screen shots display the drop-down boxes for a “yes” response to a background question



# Adjusting Firm License Application

Background Questions - Internet Explorer

Yes **Are there currently pending against the firm/agency, owners, partners, officers or directors any criminal, administrative (including those by FINRA) or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?**

No

Yes **In the past 12 months, have any of the firm/agency's owners, partners, officers or directors been arrested, indicted, or had an information filed against them or been otherwise charged with a crime by any law enforcement authority anywhere in the United States, its possessions, or any other country?**

No

Yes **Have the firm/agency's owners, partners, officers or directors ever been convicted, found guilty or pled guilty or nolo contendere (no contest) to a felony under the laws of any municipality, county, state territory or country whether or not adjudication was withheld or a judgment of conviction was entered?**

No

**Identify the following:**

**Name of majority owners, partners, officers or directors:**

**City where charge(s) filed:**

**State/Country:**

**Date of Arrest/Action:**  (mm/dd/yyyy)

**Charge/Action:**

**Disposition:**

Yes **Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against the firm/agency owners, partners, officers or directors either individually or against any entity in which the firm/agency, owners, partners, officers or directors are or were an officer, director, partner, or owner?**

No

Yes **Has the firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy OR has any insurance agency where the owners, partners, officers, directors, joint venturers or equitable owners acting in the same or similar capacity of**

No

100%

Background Questions - Internet Explorer

Yes **Are there currently pending against the firm/agency, owners, partners, officers or directors any criminal, administrative (including those by FINRA) or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?**

No

Yes **In the past 12 months, have any of the firm/agency's owners, partners, officers or directors been arrested, indicted, or had an information filed against them or been otherwise charged with a crime by any law enforcement authority anywhere in the United States, its possessions, or any other country?**

No

Yes **Have the firm/agency's owners, partners, officers or directors ever been convicted, found guilty or pled guilty or nolo contendere (no contest) to a felony under the laws of any municipality, county, state territory or country whether or not adjudication was withheld or a judgment of conviction was entered?**

No

Yes **Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against the firm/agency owners, partners, officers or directors either individually or against any entity in which the firm/agency, owners, partners, officers or directors are or were an officer, director, partner, or owner?**

No

**Identify the following:**

**Name of majority owners, partners, officers or directors:**

**Agency Name:**

**Date of Action:**  (mm/dd/yyyy)

**Action:**

**Disposition:**

Yes **Has the firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy OR has any insurance agency where the owners, partners, officers, directors, joint venturers or equitable owners acting in the same or similar capacity of this firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy? (This does not include personal bankruptcy)**

No

100%



# Adjusting Firm License Application

Background Questions - Internet Explorer

No Country, state territory or county in which the organization was formed or a judgment of conviction was entered?

Yes Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against the firm/agency owners, partners, officers or directors either individually or against any entity in which the firm/agency, owners, partners, officers or directors are or were an officer, director, partner, or owner?

No

Yes Has the firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy OR has any insurance agency where the owners, partners, officers, directors, joint venturers or equitable owners acting in the same or similar capacity of this firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy? (This does not include personal bankruptcy)

No

Identify the following:

**Name of majority owners, partners, officers or directors:**

**Agency Name:**

**Date of Action:**  (mm/dd/yyyy)

**Action:**

**Disposition:**

Yes Has any company ever refused to bond the firm/agency, owners, partners, officers or directors?

No

Yes Have the firm/agency, owners, partners, officers or directors ever been refused a securities, real estate broker, or other license by a state agency or a public authority or any other regulatory authority (including FINRA) in any jurisdiction?

No

Yes Have the firm/agency, owners, partners, officers or directors ever had an application for a license declined or denied by this or any other insurance regulatory body (including FINRA)?

No

100%

Background Questions - Internet Explorer

No Country, state territory or county in which the organization was formed or a judgment of conviction was entered?

Yes Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against the firm/agency owners, partners, officers or directors either individually or against any entity in which the firm/agency, owners, partners, officers or directors are or were an officer, director, partner, or owner?

No

Yes Has the firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy OR has any insurance agency where the owners, partners, officers, directors, joint venturers or equitable owners acting in the same or similar capacity of this firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy? (This does not include personal bankruptcy)

No

Yes Has any company ever refused to bond the firm/agency, owners, partners, officers or directors?

No

Identify the following:

**Name of majority owners, partners, officers or directors:**

**Name of Company:**

**Date of Action:**  (mm/dd/yyyy)

**Action:**

**Disposition:**

Yes Have the firm/agency, owners, partners, officers or directors ever been refused a securities, real estate broker, or other license by a state agency or a public authority or any other regulatory authority (including FINRA) in any jurisdiction?

No

Yes Have the firm/agency, owners, partners, officers or directors ever had an application for a license declined or denied by this or any other insurance regulatory body (including FINRA)?

No

100%

# Adjusting Firm License Application

Background Questions - Internet Explorer

No Country, state territory or county in which the organization was formed or a judgment or conviction was entered?

Yes Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against the firm/agency owners, partners, officers or directors either individually or against any entity in which the firm/agency, owners, partners, officers or directors are or were an officer, director, partner, or owner?

No

Yes Has the firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy OR has any insurance agency where the owners, partners, officers, directors, joint venturers or equitable owners acting in the same or similar capacity of this firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy? (This does not include personal bankruptcy)

No

Yes Has any company ever refused to bond the firm/agency, owners, partners, officers or directors?

No

Yes Have the firm/agency, owners, partners, officers or directors ever been refused a securities, real estate broker, or other license by a state agency or a public authority or any other regulatory authority (including FINRA) in any jurisdiction?

No

Identify the following:

Name of firm/agency, majority owners, partners, officers or directors:

Agency Name:

Date of Action:  (mm/dd/yyyy)

Action:

Disposition:

Yes Have the firm/agency, owners, partners, officers or directors ever had an application for a license declined or denied by this or any other insurance regulatory body (including FINRA)?

No

100%

Background Questions - Internet Explorer

Yes Has any company ever refused to bond the firm/agency, owners, partners, officers or directors?

No

Yes Have the firm/agency, owners, partners, officers or directors ever been refused a securities, real estate broker, or other license by a state agency or a public authority or any other regulatory authority (including FINRA) in any jurisdiction?

No

Yes Have the firm/agency, owners, partners, officers or directors ever had an application for a license declined or denied by this or any other insurance regulatory body (including FINRA)?

No

Identify the following:

Name of firm/agency, majority owners, partners, officers or directors:

Agency Name:

Date of Action:  (mm/dd/yyyy)

Action:

Disposition:

Yes Have the firm/agency, owners, partners, officers or directors ever had any professional license subject to any of the following actions by any state agency or public authority or any other regulatory authority (including FINRA) in any jurisdiction?

No

- Revocation in Florida less than 2 years ago
- Revocation in another state at anytime or in Florida more than 2 years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

100%

# Adjusting Firm License Application

Background Questions - Internet Explorer

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any professional license subject to any of the following actions by any state agency or public authority or any other regulatory authority (including FINRA) in any jurisdiction?

- Revocation in Florida less than 2 years ago
- Revocation in another state at anytime or in Florida more than 2 years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

Please indicate action taken:

Revocation in Florida less than 2 years ago  
 Revocation in another state at anytime or in Florida more than 2 years ago  
 Suspension  
 Placed on probation  
 Administrative fine or penalty levied  
 Cease and desist order entered

**Name of firm/agency, majority owners, partners, officers or directors:**

**Agency Name:**

**Date of Action:**  (mm/dd/yyyy)

**Action:**

**Disposition:**

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?

100%

Background Questions - Internet Explorer

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any professional license subject to any of the following actions by any state agency or public authority or any other regulatory authority (including FINRA) in any jurisdiction?

- Revocation in Florida less than 2 years ago
- Revocation in another state at anytime or in Florida more than 2 years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?

**Identify the following:**

**Name of firm/agency, majority owners, partners, officers or directors:**

**Date of Action:**  (mm/dd/yyyy)

**Action:**

**Disposition:**

Yes  
 No

Are your firm/agency, owners, partners, officers or directors currently indebted to any insurer, managing general agent, agent or premium finance company?

Yes  
 No

Yes  
 No

Have all of the owners, partners, officers or directors filed a set of fingerprints with the Department within the past 12 months?

**Note:** Please answer YES if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license, the 2-53 Automobile Warranty license, the 25-05 Independent Adjusting Firm license, the 25-07 Public Adjusting Firm license or the 20-32 Portable

100%

# Adjusting Firm License Application

Background Questions - Internet Explorer

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any professional license subject to any of the following actions by any state agency or public authority or any other regulatory authority (including FINRA) in any jurisdiction?

- Revocation in Florida less than 2 years ago
- Revocation in another state at anytime or in Florida more than 2 years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?

Yes  
 No

Are your firm/agency, owners, partners, officers or directors currently indebted to any insurer, managing general agent, agent or premium finance company?

Identify the following:

Name of firm/agency, majority owners, partners, officers or directors:

Date of Action:  (mm/dd/yyyy)

Action:

Disposition:

Yes  
 No

Have all of the owners, partners, officers or directors filed a set of fingerprints with the Department within the past 12 months?

Note: Please answer YES if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license, the 2-53 Automobile Warranty license, the 25-05 Independent Adjusting Firm license, the 25-07 Public Adjusting Firm license or the 20-32 Portable

100%

Background Questions - Internet Explorer

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any professional license subject to any of the following actions by any state agency or public authority or any other regulatory authority (including FINRA) in any jurisdiction?

- Revocation in Florida less than 2 years ago
- Revocation in another state at anytime or in Florida more than 2 years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

Yes  
 No

Have the firm/agency, owners, partners, officers or directors ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?

Yes  
 No

Are your firm/agency, owners, partners, officers or directors currently indebted to any insurer, managing general agent, agent or premium finance company?

Yes  
 No

Have all of the owners, partners, officers or directors filed a set of fingerprints with the Department within the past 12 months?

Note: Please answer YES if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license, the 2-53 Automobile Warranty license, the 25-05 Independent Adjusting Firm license, the 25-07 Public Adjusting Firm license or the 20-32 Portable Electronics Insurance license as fingerprints are not required.

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100%

# Adjusting Firm License Application

## Owner/Officer entry

FLDFS - Entry of Owners/Officers - Internet Explorer

**JIMMY PATRONIS**  
FLORIDA'S CHIEF FINANCIAL OFFICER

Application Advise Background Questions **Owners Officers** Application Specifics Primary Adjuster Application Review Affirmation Statement Checkout Summary

**STEP 2: Owners Officers**

Firm FEIN # 44-777777  
Firm Name TEST ADJUSTING

Total List Count: 0

SSN	Date of Birth	Name	Individual Type	Action
No Owners/Officers Found.				
<input type="button" value="Add Owner/Officer"/> <input type="button" value="Submit"/>				

Owner/Officer Detail

Social Security Number:

Social Security Number Confirm:

Date of Birth:

**INSTRUCTIONS**

You must provide the name and social security number of each owner, partner, officer and director of the firm/agency.

NOTE: For the 2-41 and 9-41 Travel license, this is the president, secretary, treasurer and any other person that directs or controls the travel insurance operations.

**Privacy Statement**  
Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance.

100%

## Screen after SSN is entered

FLDFS - Entry of Owners/Officers - Internet Explorer

**JIMMY PATRONIS**  
FLORIDA'S CHIEF FINANCIAL OFFICER

Application Advise Background Questions **Owners Officers** Application Specifics Primary Adjuster Application Review Affirmation Statement Checkout Summary

**STEP 2: Owners Officers**

Firm FEIN # 44-777777  
Firm Name TEST ADJUSTING

Total List Count: 0

SSN	Date of Birth	Name	Individual Type	Action
No Owners/Officers Found.				
<input type="button" value="Add Owner/Officer"/> <input type="button" value="Submit"/>				

Owner/Officer Detail

Social Security Number: 444 45 4444

Social Security Number Confirm: 444 45 4444

Date of Birth: 01/01/1959

Individual Type: Director, Officer, and Partners

First Name:

Middle Name:

Last Name:

Suffix:

Home Address:

City:

Country: United States

State:

County:

Province:

**INSTRUCTIONS**

You must provide the name and social security number of each owner, partner, officer and director of the firm/agency.

NOTE: For the 2-41 and 9-41 Travel license, this is the president, secretary, treasurer and any other person that directs or controls the travel insurance operations.

**Privacy Statement**  
Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance.

100%

# Adjusting Firm License Application

FLDFS - Entry of Owners/Officers - Internet Explorer

**Individual Type** (DIRECTOR, OWNER, PARTNER, SUFFIX)

**First Name:**

**Middle Name:**

**Last Name:**

**Suffix:**

**Home Address:**

**City:**

**Country:**

**State:**

**County:**

**Province:**

**Zip Code:**

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your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.071(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.

FLDFS - Entry of Owners/Officers - Internet Explorer

**JIMMY PATRONIS**  
FLORIDA'S CHIEF FINANCIAL OFFICER

Application Advise | Background Questions | **Owners Officers** | Application Specifics | Primary Adjuster | Application Review | Affirmation Statement | Checkout | Summary

**STEP 2: Owners Officers**

Firm FEIN # 44-777777  
Firm Name **TEST ADJUSTING**

Total List Count: 1

SSN	Date of Birth	Name	Individual Type	Action
444-45-4444	01/01/1959	TESTER, TEST	Director, Officer, and Partners	Delete

**Owner/Officer Detail**

**Social Security Number:**

**Social Security Number Confirm:**

**Date of Birth:**

**INSTRUCTIONS**

You must provide the name and social security number of each owner, partner, officer and director of the firm/agency.

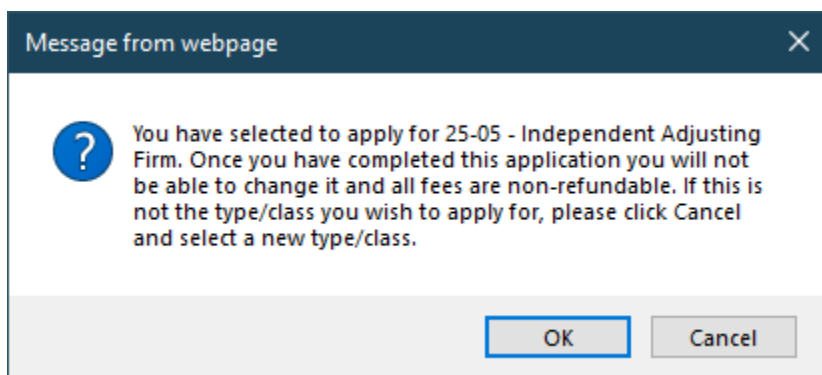
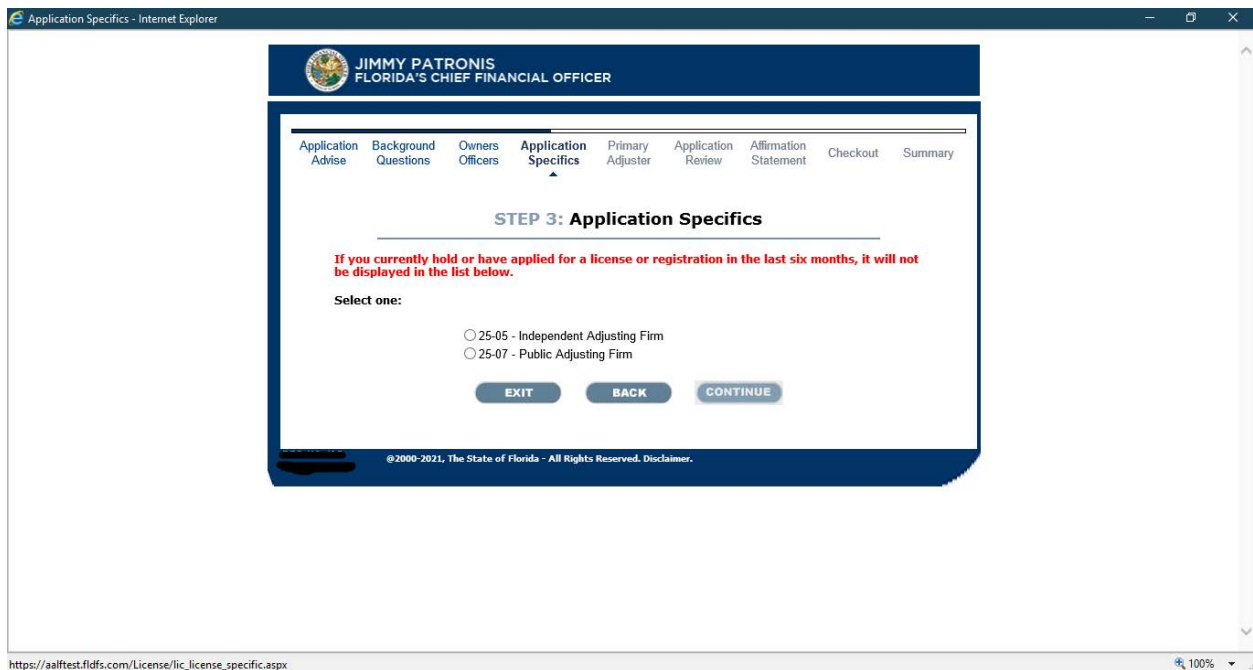
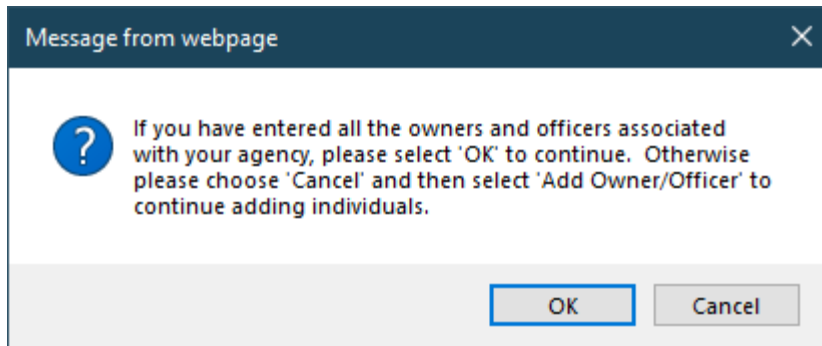
NOTE: For the 2-41 and 9-41 Travel license, this is the president, secretary, treasurer and any other person that directs or controls the travel insurance operations.

**Privacy Statement**

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

## Adjusting Firm License Application

After clicking the submit button



# Adjusting Firm License Application

## Primary Adjuster entry

JIMMY PATRONIS  
FLORIDA'S CHIEF FINANCIAL OFFICER

Application Advise Background Questions Owners Officers Application Specifics **Primary Adjuster** Application Review Affirmation Statement Checkout Summary

### STEP 4: Primary Adjuster

**Adjusting Firm Name:** TEST ADJUSTING  
**FEIN Number:** 44-777777  
**Licensee Number:**  
**Primary Adjuster Lic# :**

**EXIT** **BACK** **CONTINUE**

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JIMMY PATRONIS  
FLORIDA'S CHIEF FINANCIAL OFFICER

Application Advise Background Questions Owners Officers Application Specifics Primary Adjuster **Application Review** Affirmation Statement Checkout Summary

### STEP 5: Application Review **PRINT**

**You have not completed the application process.  
Print for your personal records and press continue.**

**Florida Department of Financial Services  
Bureau of Licensing  
AALF Firm Application**

<b>FEIN/SSN Number:</b> 44-777777	<b>License Number:</b> N/A	<b>Application ID Number:</b> 7935451
<b>Name:</b> TEST ADJUSTING		<b>Accepted Date:</b> 09/29/2021
<b>Primary Adjuster Name:</b> MCDONAGH, PAUL	<b>Primary Adjuster Lic#</b> W181589	

**Business Address**  
1 TEST  
TEST, FL 33333  
(850) 413-3137

**Mailing Address**  
1 TEST  
TEST, FL 33333



# Adjusting Firm License Application

Application Review - Internet Explorer

MCDONAGH, PAUL      W181589

**Business Address**  
 1 TEST  
 TEST, FL 33333  
 (850) 413-3137

**Mailing Address**  
 1 TEST  
 TEST, FL 33333

**Email Address**  
 TEST@GMAIL.COM

---

**Applied For:**  
 25-05 - Independent Adjusting Firm

---

**Screening Questions:**

Are any of the owners, partners, officers or directors currently on probation or participating in a pretrial intervention program or any other diversion program?  
 Yes/No \_\_\_\_\_ No

Are there currently pending against the firm/agency, owners, partners, officers or directors any criminal, administrative (including those by FINRA) or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?  
 Yes/No \_\_\_\_\_ No

In the past 12 months, have any of the firm/agency's owners, partners, officers or directors been arrested, indicted, or had an Information filed against them or been otherwise charged with a crime by any law enforcement authority anywhere in the United States, its possessions, or any other country?  
 Yes/No \_\_\_\_\_ No

Have the firm/agency's owners, partners, officers or directors ever been convicted, found guilty or pled guilty or nolo contendere (no contest) to a felony under the laws of any municipality, county, state territory or country whether or not adjudication was withheld or a judgment of conviction was entered?  
 Yes/No \_\_\_\_\_ No

Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against the firm/agency, owners, partners, officers or directors that did not result in a judgment in which the firm/agency, owners, partners, officers or directors were found liable?

Application Review - Internet Explorer

Has the firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy OR has any insurance agency where the owners, partners, officers, directors, joint venturers or equitable owners acting in the same or similar capacity of this firm/agency ever filed for protection under the Bankruptcy Act or been the subject to a petition for involuntary bankruptcy? (This does not include personal bankruptcy)  
 Yes/No \_\_\_\_\_ No

Has any company ever refused to bond the firm/agency, owners, partners, officers or directors?  
 Yes/No \_\_\_\_\_ No

Have the firm/agency, owners, partners, officers or directors ever been refused a securities, real estate broker, or other license by a state agency or a public authority or any other regulatory authority (including FINRA) in any jurisdiction?  
 Yes/No \_\_\_\_\_ No

Have the firm/agency, owners, partners, officers or directors ever had an application for a license declined or denied by this or any other insurance regulatory body (including FINRA)?  
 Yes/No \_\_\_\_\_ No

Have the firm/agency, owners, partners, officers or directors ever had any professional license subject to any of the following actions by any state agency or public authority or any other regulatory authority (including FINRA) in any jurisdiction?

- Revocation in Florida less than 2 years ago
- Revocation in another state at anytime or in Florida more than 2 years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered

Yes/No \_\_\_\_\_ No

Have the firm/agency, owners, partners, officers or directors ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?  
 Yes/No \_\_\_\_\_ No

Are your firm/agency, owners, partners, officers or directors currently indebted to any insurer, managing general agent, agent or premium finance company?  
 Yes/No \_\_\_\_\_ No

# Adjusting Firm License Application

Application Review - Internet Explorer

Have all of the owners, partners, officers or directors filed a set of fingerprints with the Department within the past 12 months?

**Note:** Please answer YES if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license, the 2-53 Automobile Warranty license, the 25-05 Independent Adjusting Firm license, the 25-07 Public Adjusting Firm license or the 20-32 Portable Electronics Insurance license as fingerprints are not required.

Yes/No \_\_\_\_\_ Yes

I affirm that I understand I must maintain a valid email address on file with the Department.

Yes/No \_\_\_\_\_ Yes

**Owner/Officers:**

Please note that the individual(s) indicated below (\*\*\*\*) will be required to submit fingerprints to the department. Please disregard if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license, the 2-53 Automobile Warranty license, the 25-05 Independent Adjusting Firm license, the 25-07 Public Adjusting Firm license or the 20-32 Portable Electronic license, as fingerprints are not required for these license types

Director, Officer, and Partners	SSN	DOB	Address	Notes
TESTER, TEST	XXX-XX-XXXX	01/01/1959	1 TEST, TEST, FL 33333	****

**Deficiencies:**

The following individuals are required to submit fingerprints:

You must be fingerprinted through our vendor, MorphoTrust USA, formerly L-1 Enrollment. You can register, find locations, and pay for fingerprinting by visiting <http://www.L1enrollment.com/FLinsurance> or by calling 1-800-526-1358. The fingerprinting is \$45.00, plus local Florida county sales tax.

Additional information can be found at <http://www.myfloridado.com/Division/Agents/Licensure/Agents-Adjusters/fingerprinting.htm>.

EXIT BACK CONTINUE

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Affirmation Statement - Internet Explorer

Application Advise Background Questions Owners Officers Application Specifics Primary Adjuster Application Review Affirmation Statement Checkout Summary

## STEP 6: Affirmation Statement

**Applicant Affirmation Statement**

Where required by law, I hereby name and appoint the Chief Financial Officer of the State of Florida my attorney to receive service of legal process issued against me, upon causes of action arising within the State of Florida out of transactions under my Florida license, that this appointment shall constitute effective legal service upon me as long as there may be any cause of action against me arising out of insurance transactions within the State of Florida. (Sections 626.741, 626.742, 626.792, 626.835, 626.836, 626.84201, F.S.)

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree provided under section 837.06, F.S.

I have read the foregoing application and the facts stated in it are true to the best of my knowledge and belief. I have not withheld any information that would in any way affect my qualifications. I understand that misrepresentation of any fact required to be disclosed through this application may result in the denial of my application and the revocation of my insurance license(s).

I understand that as an applicant who is subject to a national fingerprint-based criminal history record check, I have certain rights based on Title 28, Code of Federal Regulations (CFR), Section 16.30-16.34. The rights include a reasonable time to respond to the agency for any deficiencies reported in the criminal history report, the ability to challenge the accuracy of the information in the report by contacting the FBI, and any records held by the agency will be used and retained according to the FBI Criminal Justice Information Services (CJIS) requirements. A copy of the Noncriminal Justice Applicants Privacy Rights may be obtained by visiting our website at <https://myfloridado.com/division/agents/licensing/agents-and-adjusters/fingerprinting-information>.

I understand that, per section 626.171(5), F.S., all application fees are non-refundable.

I agree to the above statement.

**Affirmation Name(s):**

<input type="text" value="test"/>	<input type="text" value="tester"/>
First Name	Last Name

EXIT BACK CONTINUE

# Adjusting Firm License Application

The screenshot shows a web browser window titled "Summary - Internet Explorer". The page header features the Florida Department of Financial Services logo and the name "JIMMY PATRONIS, FLORIDA'S CHIEF FINANCIAL OFFICER". The main content area is titled "Application Complete" in red text. Below this, the application ID "7935451" is listed. The message thanks the user for submitting their application and provides instructions on how to check the status via their MyProfile account. It also outlines the review timeline (7 business days for initial review, up to 90 days for final decision) and notes that the department cannot expedite processing. Further instructions include verifying the email address and checking spam filters. Specific notes are provided for temporary bail bond license applicants (requiring a photo at a PearsonVue Test Center) and navigator registrants (who do not receive a license ID to print). A link to the website is provided for questions, and an "EXIT" button is located at the bottom of the message box.

Summary - Internet Explorer

 JIMMY PATRONIS  
FLORIDA'S CHIEF FINANCIAL OFFICER

**Application Complete**

Application ID: 7935451

Thank you for submitting your application for a new license or registration to the Department. You may check the status of your application by logging in to your [MyProfile](#) account.

The initial review of your application will take place within 7 business days. Applicants with a criminal, administrative or civil action are reviewed on a case-by-case basis and may take up to 90 days for a final decision.

Calling the Florida Department of Financial Services will not expedite the processing of your application.

It is important that you provide us with a valid e-mail address so that you will be able to receive updates. Please confirm that your e-mail address is accurate now by reviewing your information in your [MyProfile](#) account.

Another important step is to confirm that your personal or network e-mail spam filter accepts e-mails from MyFloridaCFO.com so that you don't have difficulty receiving e-mails from us. If you do not receive an e-mail notification informing you that your license has been granted, you will still be able to check your [MyProfile](#) account to determine whether your new license is ready to be printed online, but be sure to check the e-mail address you provided and your spam filters.

Please note that if you applied for a temporary bail bond license, you will have to go to a [PearsonVue Test Center](#) to have your photo taken. A reservation is required to have your photo taken. Both temporary and permanent bail bond agents will receive the photo license ID card via 2nd day mail due to specific legal requirements.

If you applied for registration as a navigator you will not have a license ID to print. If you have any questions, please visit our website at [www.MyFloridaCFO.com/Division/Agents](http://www.MyFloridaCFO.com/Division/Agents).

[EXIT](#)

## Adjusting Firm License Application

Any drop down box that requests "Country" will include the following options:

Afghanistan	Bouvet Island	Dominica	Guinea	Lebanon	Malta
Aland Islands	Brazil	Dominican Republic	Guinea-Bissau	Lesotho	Marshall Islands
Albania	British Indian Ocean Territory	Ecuador	Guyana	Liberia	Martinique
Algeria	Brunei Darussalam	Egypt	Haiti	Libya	Mauritania
American Samoa	Bulgaria	Equatorial Guinea	Heard Island and McDonald Islands	Liechtenstein	Mauritius
Andorra	Burkina Faso	Eritrea	Honduras	Lithuania	Mexico
Angola	Burundi	Estonia	Hong Kong	Luxembourg	Moldova
Anguilla	Cambodia	Ethiopia	Hungary	Macao	Monaco
Antarctica	Cameroon	Falkland Islands (Malvinas)	India	Macedonia	Mongolia
Antigua and Barbuda	Canada	Faroe Islands	Indonesia	Madagascar	Montenegro
Argentina	Cape Verde	Federated States of Micronesia	Iran	Malawi	Montserrat
Armenia	Cayman Islands	Fiji	Iraq	Maldives	Morocco
Aruba	Central African Republic	France	Ireland	Mali	Myanmar
Australia	Chile	France, Metropolitan	Israel	Malta	Netherlands
Austria	China	French Guiana	Italy	Marshall Islands	Netherlands Antilles
Azerbaijan	Christmas Island	Gabon	Jamaica	Martinique	Northern Mariana Islands
Bahamas	Cocos (Keeling) Islands	Gambia	Japan	Mauritania	Norway
Bahrain	Colombia	Georgia	Jordan	Mauritius	Panama
Bangladesh	Comoros	Germany	Kazakhstan	Mexico	Philippines
Barbados	Congo	Ghana	Kenya	Moldova	S. Georgia and S. Sandwich Islands
Belarus	Cook Islands	Gibraltar	Kiribati	Monaco	Saint Kitts and Nevis
Belgium	Costa Rica	Great Britain (UK)	Korea (North)	Mongolia	Saint Lucia
Belize	Cote D'Ivoire (Ivory Coast)	Greece	Korea (South)	Montenegro	Serbia
Benin	Croatia (Hrvatska)	Greenland	Kuwait	Montserrat	Spain
Bermuda	Cyprus	Grenada	Kyrgyzstan	Morocco	Sri Lanka
Bhutan	Czech Republic	Guadeloupe	Laos	Myanmar	Sweden
Bolivia	Democratic Republic of the Congo	Guam	Latvia	Netherlands	Switzerland
Bosnia and Herzegovina	Denmark	Guatemala	Lebanon	Netherlands Antilles	United Arab Emirates
Botswana	Djibouti	Guinea	Lesotho	Northern Mariana Islands	United States
Bouvet Island				Norway	Western Sahara

Any drop down box that requests "State" or "State/Province/Region" will include the following options:

Alabama	Missouri
Alaska	Montana
American Samoa	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Jersey
Colorado	New Mexico
Connecticut	New York
Delaware	North Carolina
District of Columbia	North Dakota
Federated States of Micronesia	Northern Mariana Islands
Florida	Ohio
Georgia	Oklahoma
Guam	Oregon
Hawaii	Palau
Idaho	Pennsylvania
Illinois	Puerto Rico
Indiana	Rhode Island
Iowa	South Carolina
Kansas	South Dakota
Kentucky	Tennessee
Louisiana	Texas
Maine	Utah
Marshall Islands	Vermont
Maryland	Virgin Islands
Massachusetts	Virginia
Michigan	Washington
Minnesota	West Virginia
Mississippi	Wisconsin
Missouri	Wyoming

Any drop down box that requests "County" will include the following options:

Alachua	Holmes	Levy
Baker	Indian River	Liberty
Bay	Jackson	Madison
<b>Bradford</b>	Jefferson	Manatee
Brevard	Lafayette	Marion
Broward	Lake	Martin
Calhoun	Lee	Monroe
Charlotte	Leon	Nassau
Citrus	Levy	Nassau
Clay	Liberty	Okaloosa
Collier	Liberty	Okeechobee
Columbia	Madison	Orange
Dade	Manatee	Osceola
Desoto	Marion	Palm Beach
Dixie	Martin	Pasco
Duval	Monroe	Pinellas
Escambia	Nassau	Polk
Flagler	Okaloosa	Putnam
Franklin	Okeechobee	Santa Rosa
Gadsden	Orange	Sarasota
Gilchrist	Osceola	Seminole
Glades	Palm Beach	St. Johns
Gulf	Pasco	St. Lucie
Hamilton	Pinellas	Sumter
Hardee	Polk	Suwannee
Hendry		Taylor
Hernando		Union
Highlands		Volusia
Hillsborough		Wakulla
Holmes		Walton
		Washington