

BSA Claims Service
Claims Administration and Adjusting Corporation
110 E. Broward Blvd. Suite 1700
Fort Lauderdale, FL 33301
877.761.2332 Toll Free
888.415.7164 Facsimile
corporate@BSAClaims.com
www.BSAClaims.com



Adjuster Application

Note: There are FIVE digital signatures required to complete this application. Adobe Acrobat free reader may prompt you to "save" and "replace" your file each time you digitally insert your signature.

FIRST NAME

MIDDLE NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DOB

SS NUMBER

- -

CELL PHONE

WIRELESS CARRIER (Provider)

EMAIL ADDRESS

EMERGENCY CONTACT

CONTACT PHONE

RELATIONSHIP TO ADJUSTER

FLORIDA LICENSE NUMBER

DATE EXP

LICENSE TYPE:

APPOINTMENT COMPANY SELF

OTHER LICENSES:

STATE

LICENSE NUMBER

DATE EXP

STATE

LICENSE NUMBER

DATE EXP

NFIP FCN#:

Bilingual?

List languages

XACTNET ADDRESS

ESTIMATING SOFTWARE PROFICIENCY

XACTIMATE

SIMBILITY

MARSHALL SWIFT

SIMSOL

Check this box to confirm accuracy of
information provided on this page

DATE



Please complete the BSA Claims Application

Qualifications (Adjusting History)			
List your years of experience to match the Qualification Tab in CAIS, noting both Field and Desk experience for each category.			
Non-Litigated			
Total property adjusting experience	Number of Years	Field Experience (YES/NO)	Desk Experience (YES/NO)
MCM Claims			
Mobile Home			
Sinkhole Claims			
Team Lead			
Non-Weather Water Loss			
Large Loss			
Litigated			
Total property adjusting experience	Number of Years	Field Experience (YES/NO)	Desk Experience (YES/NO)
Appraisal			
Litigation			
Mediation			
3rd Party Liability			
Legislative Complaints			
DFS			
Residential Team Lead			
Commercial Team Lead			

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COMMERCIAL PROPERTY	# of Years	Field Experience (YES/NO)	Desk Experience (YES/NO)
Adjuster*			
General Adjuster			
Executive General Adjuster			
Team Lead			
QA: QUALITY ASSURANCE	# of Years	Field Experience (YES/NO)	Desk Experience (YES/NO)
Residential			
Commercial			
Team Lead			

Position Specific Questionnaire (*Required for designees with recommended qualifications in Sinkhole, Commercial, Appraisal, Litigation adjusting)	
Litigation	
# of times deposed as a fact witness?	
# of times deposed as a corporate representative?	
# of times you have participated in mediation (under litigation process not DFS)?	
Highest litigation pending and how long was it handled?	
Appraisal / Mediation	
# years of disputed claim resolution experience via appraisal process?	
# of claims handled in Appraisal (negotiations with insureds, attorneys, public adjusters & other carriers)?	
# of times you have participated in DFS Mediation?	
Commercial Property	
Xactimate experience in years. How do you rate your knowledge level? Beginner, Intermediate, Advanced?	
Years of commercial construction experience? Your specific role?	
Largest commercial property non-cat claim handled in last 3 years? Describe.	
Number of commercial property non-cat claims handled in the past 2 years?	
Number of commercial property non-cat claims handled in the last 12 months?	
Number of commercial property non-cat claims handled in the last 6 months?	
Describe the types of commercial property claims you have handled?	
Sinkhole Claims	
Years experience with Claims ADR processes (arbitration, mediation, appraisal or a neutral evaluation)	
# of claims handled >100K GCA in the last 5 Years.	
Last year handled sinkhole claims and location of handling (State and Counties)	
Experience in taking recorded statements	Select One
# claims handled in which professional services (i.e. engineer, appraiser, etc) were involved in claim handling in the last 5 years	
Knowledge of Sinkhole investigation and remediation techniques	Select One
Non Weather Water Loss	
List any IICRC certifications	
Prior experience with Non-Catastrophe claims in South Florida	
Experience in on-site estimating	

Check this box to confirm accuracy of information provided on this page



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [] [] [] - [] [] []		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



ETHICS AND CONFIDENTIALITY ACKNOWLEDGEMENT FORM

The undersigned acknowledges the following to both Citizens Property Insurance Corporation, Florida ("Citizens") and to the Vendor.

1. **VENDOR RELATIONSHIP:** I am currently an employee or sub-contractor of the Vendor identified below, and I am not an employee of Citizens. "Vendor" means any independent firm, claims administration firm, or other claim service provider that has a contract or agreement with Citizens, and of which I am an employee or sub-contractor. If I become an employee or sub-contractor for a different Vendor, this acknowledgement also applies to me as an employee or sub-contractor of that Vendor. I am signing this form at the direction of the Vendor, pursuant to a Citizens requirement.
2. **CODE OF ETHICS:** I understand that, by my relationship with Vendor, among other restrictions, I cannot:
 - 2.1 Give a gift to a Citizens' employee or member of Citizens' Board of Governors ("Board") unless they are my relative* and the relationship has been disclosed on this form;
 - 2.2 Accept a gift from a Citizens' policyholder that is, or could be interpreted to be, intended to influence my handling of a specific claim or issue, or could be interpreted as an expression of gratitude for such an act;
 - 2.3 Have a personal or financial relationship with a current Citizens employee, current or former board member or former Citizens senior manager that creates a conflict of interest; or
 - 2.4 Have any business interest that creates a conflict of interest.

A **conflict of interest** is created when there is a situation in which a person has competing professional or personal interests which make it difficult to properly discharge their duties impartially or which lead to a disregard of a public or corporate duty. Most commonly, in regard to vendors and their employees/ sub-contractors a conflict of interest **may** be created if: (A) you share an interest in a business or have a contractual relationship with any Citizens employee or Board member; (B) if you have a financial interest in any other business that provides services to policyholders related to property insurance claims; (C) if you are a relative* of a Citizens employee or Board member; (D) if you are, or employ, a Citizens employee or Board member or their close family members (father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, or daughter-in-law); (E) if you are, or employ, a former Citizens senior manager or Board member; or (F) if your business is owned in any part by a current Citizens employee, current or former Board member or former Citizens senior manager.

Is there a potential for a conflict of interest as described above? If yes, please explain.	
<input type="radio"/> Yes <input type="radio"/> No	

Citizens will work with Vendor and Vendor's employee to establish work practices to avoid a conflict where business or familial relationships might otherwise cause a conflict but Citizens cannot guarantee that conflicts can be avoided in every circumstance

ETHICS AND CONFIDENTIALITY ACKNOWLEDGEMENT FORM

3. CONFIDENTIALITY AND NON-DISCLOSURE:

- 3.1 "Confidential Information" includes all Citizens' claim information, claim files, all documentation related to the claim, claimant personal information, policyholder personal information, and underwriting information and files.
- 3.2 Confidential Information is confidential and protected, and I will not use Confidential Information for any purpose other than performing services for Citizens in my capacity as an employee or sub-contractor of Vendor.
- 3.3 I will not disclose, or cause to be disclosed, Confidential Information to any person or entity except as expressly authorized by Vendor in accordance with Citizens' procedures.
- 3.4 I will comply with the terms of my employer's contractual obligations in regard to confidential information protection including exercising a high level of care in taking measures to protect and prevent Confidential Information from being inadvertently or improperly disclosed to any person, entity, or third party.
- 3.5 If I am or become a policyholder or applicant for coverage with Citizens, I will not access or have another person access information regarding my coverage. I will not participate in any Citizens process as it relates to my coverage. The same provisions apply if I become aware that a relative* is a policyholder or applicant of Citizens. If I am inadvertently assigned any work regarding a relative or any other policyholder that would result in or appear to result in a conflict of interest I will notify my supervisor so that the file may be reassigned.

**Relative" means a person who is your father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, or step great grandchild; a person who is engaged to be married to you, or who otherwise holds himself or herself out as, or is generally known as, the person whom you intend to marry, or with whom you intend to form a household; or a natural person having the same legal residence as you.*

- 4. **PUBLIC RECORDS:** I understand that Citizens is subject to Florida's public records law under Chapter 119 and Section 627.351(6), Florida Statutes, and that Citizens information, including my documentation and work product, is considered a public record. I understand that if I **ever** receive a public records request (whether oral or written) from any person or entity for records or information, including Confidential Information, I will comply with the terms of Vendor's contractual obligations and ensure the matter is immediately referred to Citizens' Records Custodian at recordsrequest@citizensfla.com or (850)-513-3823.
- 5. **TERMINATION OF CLAIM HANDLING:** After termination of my handling of a particular Citizens' issue, or assignment of claim: (A) I will return all related Confidential Information in my possession to Vendor, or as otherwise directed by Vendor; (B) the confidentiality of such Confidential Information shall survive; and (C) the requirements and restrictions of paragraphs 3 and 4 above shall continue to apply.
- 6. **CONSEQUENCES FOR VIOLATION:** I understand that, if I violate the restrictions and requirements in this acknowledgement, then among other consequences: (A) I may be subject to discipline or removal by Vendor from performing Citizens related work; and (B) Citizens may be entitled to injunctive relief, monetary damages or other remedies.

**ETHICS AND CONFIDENTIALITY
ACKNOWLEDGEMENT FORM**

- 7. PROHIBITION OF REPRESENTATION:** I agree I shall not at any time represent or provide services to a Citizens' Insured in the insured's claim against Citizens for which I provided claim-related services on Citizen's behalf, or engage in any other conduct that could create an actual or perceived conflict of interest. This would include, but not limited to, acting as a consultant, public adjuster, expert witness, umpire or any other capacity related to the Insured's claim against Citizens, or providing referrals for such services in relation to the Insured's claim against Citizens.

Acknowledged and agreed to on the following date: _____, 20____, by:

Name of Vendor:

BSA Claims Service

Name of employee or sub-contractor (print or type):

Signature of employee or sub-contractor:

Florida Department of Financial Services adjuster license number (if licensed):



**AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION
AND RELEASE OF INFORMATION**

I authorize **BSA Claims Service**, (Bradley-Stinson Inc.) and its authorized agent(s), to conduct a preliminary background investigation in accordance with the requirements as outlined in customer's contracts. This will include verification of education and past employment, credit checks, criminal history checks, motor vehicle records and such other investigations determined appropriate by **BSA Claims Service** to satisfy customer requirements.

This also includes periodic audits by customers to assure that provisions of our contracts are being adhered to. I request and authorize all persons who may have information relevant to this preliminary investigation to disclose such information as may be requested to **BSA Claims Service** or its agent(s). I further authorize **BSA Claims Service** and its agent(s) to submit such information, copy or abstract, directly to **BSA Claims Service** to become part of its records. I release all persons and/or organizations providing such information to **BSA Claims Service** or its agent from any liability on account of such disclosure. I agree and understand that a photocopy of this authorization may serve as an original.

Adjuster Information:

First Name	Middle Name	Last Name
Address		
City	State	Zip Code:
Date of Birth:	Email Address	
Drivers License #	Driver's License State	
Social Security #:	Cell Phone	

Adjuster Full Name (including middle name)

Adjuster Signature

Date:

Check this box to confirm accuracy of information provided on this page
and authorization for background investigation and release of information.

Please review your responses for completeness and accuracy

Thank you for applying to BSA Claims Service!

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize RecruitScreen, LLC. to conduct an inquiry for
BSA Claims Service (company) with the purpose(s) listed below and receive any Georgia and/or national
criminal background history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

☒ This authorization is valid for 90 days from date of signature.

☐ I, _____, give consent to the above-named entity to
perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Purpose Code Used: (**check only one**)

<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

Official use only:

Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature & Title

Date