



ASSOCIATES

1420 Edgewater Drive, Suite 200
Orlando, Florida 32804
Phone# (407) 849-0044 Fax# (407) 849-6710

CATASTROPHE ADJUSTER INFORMATION SHEET

Last Name _____ First _____ MI _____ SSN _____ - _____ - _____
(Please Print) DOB: _____
Home Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Cell Number (_____) _____
Emergency Contact Person _____ Telephone _____

E-Mail address _____ Fax # _____

EXPERIENCE

Previous Adjusting Experience

From (month/year) _____ To _____ Company _____ Name of Storm(if applicable) _____

LICENSES/CERTIFICATIONS

Please provide copy of State License if required. Do you have license in other states? Y/N _____
Are you Florida Windstorm approved? Y/N _____ Please provide copy of FWUA certification

COMPUTER SKILLS

Do you have computer experience? Y/N _____

If you write computer estimates, what program do you use?

_____ Boeckh _____ Xactimate _____ Simsol _____ Other _____ Name of Program

Do you possess bilingual skills? _____ Y/N

In what language _____ Speak _____ Read _____ Write _____