

MAXIMUM DISASTER SERVICES, LLC

3240 Office Pointe Place, Suite 100

Louisville, KY 40220

Office: (800) 208-6340

Fax: (800) 208-6450

E-mail: human_resources@maxdisaster.com

Adjuster Profile

Date: _____

Last Name: _____

First Name/MI: _____

Home Address: _____

City: _____

State: _____ Zip: _____

S/S#: _____

Federal ID#: _____ (if applicable)

Home Telephone #: _____

Mobile Telephone #: _____

E-Mail Address: _____

Emergency Contact: _____

Telephone #: _____

Driver's License #: _____

State: _____

License/Certification:

Adjuster's License State/License Number/License Type/Expiration Date

State: _____	License #: _____	Type: _____	Expiration Date: _____
State: _____	License #: _____	Type: _____	Expiration Date: _____
State: _____	License #: _____	Type: _____	Expiration Date: _____
State: _____	License #: _____	Type: _____	Expiration Date: _____

NFIP Approved: Yes: _____ No: _____

Certification #: _____ Classifications: _____

Date of Last Seminar: _____

Other Licenses or Certifications: _____

Computer Programs Used: _____

Current Xactimate Version: _____

Auto/Liability Insurance:

Carrier: _____ Policy Number: _____

Please attach a copy of the declarations page for the applicable policy.

Education:

High School: _____ Yrs Attended: _____ Graduated: _____

College: _____ Yrs Attended: _____ Degree: _____

Vocational: _____ Yrs Attended: _____ Graduated: _____

Special Training: _____

Experience:

<u>Type:</u>	<u># of Yrs</u>	<u>Type:</u>	<u># of Yrs</u>
Heavy Commercial Losses	_____	Property-Commercial	_____
Property – Personal Lines	_____	Mobile Home	_____
Windstorm	_____	Hail	_____
Earthquake	_____	Flood	_____
Freeze	_____		

References:

Name: _____	Telephone #: _____
Company: _____	
Name: _____	Telephone #: _____
Company: _____	
Name: _____	Telephone #: _____
Company: _____	

Authorization:

I certify that the information contained in this form is complete and true to the best of my knowledge.

I authorize investigation of all statements contained here and the references and companies listed above to give you all information concerning my previous experience and any pertinent information they may have, personal or otherwise, and release Maximum Disaster Services, LLC from all liability for any damage that may result from utilization of such information.

I agree that no representative of Maximum Disaster Services, LLC has the authority to enter into any agreement for contract for any specified period of time, or make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized representative of Maximum Disaster Services, LLC.

Signature: _____ Date: _____

Please submit a detailed resume.