

LOUISIANA DEPARTMENT OF INSURANCE

TIMOTHY J. TEMPLE COMMISSIONER

INSTRUCTIONS FOR APPLICATION TO REGISTER AS AN APPRAISER

Pursuant to La. R.S.22 1807.1, no person shall act as an appraiser in accordance with the provision of La. R.S. 22:1311 (F) (2) unless such a person is registered as an appraiser.

La. R.S. 22:1311 (F)(2) provides that in the event that an insured and the insurer fail to agree as to the actual cash value or the amount of loss under a standard fire insurance policy, then either the insurer or the insured may make a demand for the use of competent and disinterested appraisers. Each appraiser shall be paid by the party selecting him and the expenses of appraisal shall be paid by the parties equally.

The determination of whether an appraiser is a competent and disinterested party will be made by the party employing the services of the appraiser. The qualifications provided on this registration application will be made publicly available to assist both insurers and insured in electing an appraiser.

Public adjusters may also be registered as appraisers; however, an individual may not function as a public adjuster and an appraiser for the same claim.

Questions about the preparation of this application or registration requirements may be directed to the Louisiana Department of Insurance (LDI) at (225) 342-0860 or via email at producerlicensing@ldi.la.gov.

This application must be mailed hard copy with payment to:

Louisiana Department of Insurance Producer Licensing PO Box 94214 Baton Rouge, LA 70804

The initial registration fee is \$55. The registration is valid for 12 months from the date of registration. The fee to renew a registration is \$50. There is no late renewal. Once a registration has expired, re-registration is required.

Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.

Do not alter the forms contained in this packet. If you feel the requirements do not apply to the applicant notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.



☐ Initial Registration - \$55

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APPLICATION TO REGISTER AS AN APPRAISER

☐ Renewal Registration \$50

Only active registrations registration and \$55 fee a					d, it cannot b	oe renewed. A new		
		Gon	eral Info	rmation				
		Gen	ierai iiiio	illation				
Name				Social Security		Date of Birth		
Resident/Domicile Address (Physical Street) Business Address (Physical Street)			City	City		Zip Code		
			City			Zip Code		
Business Phone Number	Phone Number Business Fax Number		Business E-Mail Address		Bu	Business Web Site Address		
applicant's Mailing Address P.O		P.O. Box	City	City		Zip Code		
			Qualificat	ions				
an appraison for me and	d extended cove	rage losses.	(Please I	imit entry to 300 ch	aracters)			
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			(Please I	FOR DEPARTMENT Classification Number	OF INSURAN	CE USE ONLY		
Fiscal Division			(Please I	FOR DEPARTMENT	OF INSURAN	CE USE ONLY		

Background Information									
The Applicant must read the following very carefully and answer every nust include an original signature.	question. All written stateme	ents submitted	by the Applicant						
Have you ever been convicted of a crime, had a judgment withheld o crime?	or deferred, or are you current	tly charged wit	h committing a	Yes	. No				
Note: "Crime" includes a misdemeanor, a felony or a military or	offense.								
You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.									
"Convicted" includes, but is not limited to, having been found guil or nolo contendere or no contest, or having been given probation, a									
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of b) a copy of the charging document, c) a copy of the official document, which demonstrates 		es or any final j	udgment.						
If you have a felony conviction involving dishonesty or breach business of insurance in your home state as required by 18 USC 10		written conse	nt to engage in the es No						
If so, was consent granted? (Attach copy of 1033 consent app	proved by home state.)	N/A Y	es No						
Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or reg	e proceeding, including FINR istration?	A sanction or a	arbitration	Yes	. No				
"Involved" means having a license censured, suspended, revoked, desist order, a prohibition order, a compliance order, placed on prol administrative action. "Involved" also means being named as a par related to a professional or occupational license, or registration. "Invapplication denied or the act of withdrawing an application to avoid actions, in your capacity as an owner, partner, officer or director, or may EXCLUDE terminations due solely to noncompliance with con-	bation, sanctioned or surrend ty to an administrative or arb volved" also means having a a denial. INCLUDE any busi member or manager of a Lir	lering a license itration procee license, or reg ness so named nited Liability (e to resolve an ding, which is istration d because of your Company. You						
If you answer yes, you must attach to this application: a) a written statement identifying the type of license at b) a copy of the Notice of Hearing or other document (c) a copy of the official document, which demonstrate:	that states the charges and a	llegations, and	i						
Applicants Certification and Attestation									
By submitting this application to register as an apprais			stration to get as	200.00	project co				
contemplated pursuant to La. R.S. 22:1311 (F)(2). I und functions for which a claims or public adjuster license is i	derstand that this regis								
I hereby certify that, under penalty of perjury, all of the ir is true and complete. I am aware that submitting false ir with this application is grounds to deny or rescind a regis	nformation or omitting p	pertinent or	material informa	tion in c					
	Month/Day/Year								
	Original Applicant Signature)							
	Full Legal Name (Printed or	Typed)							