



ADJUSTERS PROFILE

- 1. Name:
- 2. Address:
- 3. City: Province: Postal:
- 4. Home Phone: Work Phone: Cell Phone:
- 5. Email: Spouses Name:
- 6. Valid Drivers License: Yes No
- 7. Please provide your educational history, giving dates, names of institution, degrees if any held or specialized courses taken.

| Dates | School Type | Name of Institution | Level or Degrees held | Special Courses |
|-------|--------------------|---------------------|-----------------------|-----------------|
| | University/College | | | |
| | High School | | | |
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8. Business Experience

| Dates | Company Worked For | Type of Work | Supervisor |
|-------|--------------------|--------------|------------|
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- 9. Do you speak any foreign languages? If so please list.
- 10. Were you raised on a farm: Yes No
- 11. Are you familiar with general methods of farming, and growing crops, insect or disease or other damage to crops? (Give details).



**Co-operative Hail Insurance
Company Limited**

12. Do you have any special training that you feel prepares you for adjusting crop losses, adjusting hail losses, attendance at an Agricultural College, managing or operating a farm, or handling, dealing or trading in farm products? (Provide full information. State number of years experience as a hail adjuster, where and with whom.)

13. Are you physically fit and able to work long hours of hard work, walk long distances required in the adjustment of hail losses? Yes No

14. With the training you have do you feel that by working with an experienced adjuster for a few days, you would be able and qualified to adjust hail losses satisfactorily to all concerned?

15. References. (Please provide at least two references one business and one personal.)

| Name | Address | Phone | Years Known |
|------|---------|-------|-------------|
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I HEREBY CERTIFY that the information provided above is in my own handwriting, and is true and correct.

Dated at _____ this _____

Signature