



**GOVERNMENT OF PUERTO RICO**  
**Office of the Commissioner of Insurance**

**NEUTRAL UMPIRE APPLICATION  
 FOR APPRAISAL PROCEDURE**

**A. PERSONAL INFORMATION**

Name and surnames: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of employment and address: \_\_\_\_\_

\_\_\_\_\_

Office telephone number.: \_\_\_\_\_

**B. PROFESSIONAL TRAINING**

State the licenses or professional certifications you hold (e.g., adjuster, civil engineer (PE), architect or certified public accountant). Include a certificate of Good Standing.

| Type of license or certification | License or certification number | Expiration date |
|----------------------------------|---------------------------------|-----------------|
|                                  |                                 |                 |
|                                  |                                 |                 |
|                                  |                                 |                 |

Courses related to alternative methods of conflict resolution or courses on appraisal of losses or damages related to property insurance that you have taken. Include your resumé or curriculum vitae.

| Title of course | Name of provider | Date passed | Number of units or contact hours |
|-----------------|------------------|-------------|----------------------------------|
|                 |                  |             |                                  |
|                 |                  |             |                                  |
|                 |                  |             |                                  |

Is there now or has there ever been any complaint or disciplinary action against you in any administrative or legal forum related to your professional conduct? Yes \_\_\_\_\_ No \_\_\_\_\_



If you answered the above question affirmatively, provide evidence of the final resolution.

State whether you have any economic or financial interest (as shareholder, member, partner, director, officer, representative or employee), or contractual relationship in the field of insurance with an insurer or adjuster who is authorized to business or is doing business in Puerto Rico.

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question affirmatively, state the name and kind of relationship you have with the insurer or adjuster.

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**REFERENCES.** Provide the name of three (3) persons, title, address, and telephone number who can provide employment references.

| Name and surnames | Telephone number | Mailing or email address | Title |
|-------------------|------------------|--------------------------|-------|
|                   |                  |                          |       |
|                   |                  |                          |       |
|                   |                  |                          |       |

**I certify** that all of the information provided in this application is true and correct, as well as the documents and certifications that are attached hereto and I authorize the OCI to make the pertinent investigation to corroborate the veracity of the information contained in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once completed, this application shall be submitted to the Office of the Commissioner of Insurance at the following email address: [appraisal@ocs.pr.gov](mailto:appraisal@ocs.pr.gov).