WEST VIRGINIA
OFFICES of the INSURANCE COMMISSIONER

2009 LATE RENEWAL APPLICATION FOR ADJUSTERS
for License Year 6-1-2009 thru 5-31-2010

WV Adjuster License # _____

PRINT Full Name: _____ _____ _____
(Last) (First) (Middle)

Business Mailing Address: _____

_____

_ ___ _ Check if this is a new address

Residents -- If you have moved from West Virginia to another state, contact our office before proceeding.
Non-Residents – If you have moved to another state, you must hold a resident license in your new state of domicile. We will verify your license status through the NAIC's Producer Database.

CASH cannot be accepted. Payment must be made by check or money order.

Please record:

CHECK # _____
Date of Check _____

AMOUNT: $25.00 (payable to WV Offices of the Insurance Commissioner)

The date I last adjusted a claim in West Virginia was _____.

I certify that the above statement is true to the best of my knowledge and belief.

Signature: _____

Date: _____

Mail Late Renewal form and fee to:

Regular Mail:
WVOIC-Adjuster Renewal - Rm. 402
PO Box 50541
Charleston WV 25305-0541

Overnight Mail:
WVOIC-Adjuster Renewal
1124 Smith St., Room 402
Charleston WV 25301