

WEST VIRGINIA INFORMATIONAL LETTER

No. 60
April 1989

**TO: ALL INSURANCE COMPANIES LICENSED TO TRANSACT
PROPERTY-CASUALTY BUSINESS IN WEST VIRGINIA
AND OTHER INTERESTED PARTIES**

RE: LICENSING AND REGULATION OF INSURANCE ADJUSTERS

The 1988 regular session of the West Virginia Legislature enacted House Bill 4084 which established standards for the licensing and regulation by the Insurance Commissioner of individuals who adjust property, casualty and surety claims on and after July 1, 1989. No person shall in West Virginia act as or hold himself out to be an adjuster unless licensed pursuant to Chapter 33, Article 12B of the West Virginia Code.

Two classes of resident and nonresident adjuster licenses have been established:

Company Adjuster -- an individual representing the interests of the insurer, including independent contractors with and salaried employees of the insurer.

Public Adjuster -- an independent contractor representing solely the financial interests of the insured named in the policy.

An individual may be licensed concurrently as a company adjuster and as a public adjuster but shall not act as a company adjuster and a public adjuster with respect to the same claim.

Individuals applying for a license as an adjuster must (a) be eighteen years of age or more, (b) be a resident of West Virginia, except that nonresidents may be licensed if the state of residence of such nonresident has established like requirements for the licensing of a resident of this state as a nonresident adjuster. A nonresident who cannot meet the previous requirement may be issued an adjusters license if the applicant passes a written examination in West Virginia, and (c) satisfy the commissioner that he is trustworthy and competent.

The commissioner, using his discretionary authority, has determined that an examination shall be required to test the competency of applicants for adjusters licenses. Such exam will be prepared, subject to direction and approval by the commissioner, and administered by an independent testing service. Examination fees charged by such service shall be paid by the applicant.

Any qualified individual who is a resident or nonresident of West Virginia and is employed as an adjuster prior to July 1, 1989, may file an application with the Commissioner on or before November 1, 1989, and upon payment of the requisite license

fee, shall be licensed as a company and/or public adjuster without being required to take and pass an examination.

The license fee for resident and nonresident adjusters shall be \$25.00 except that when a nonresidents state imposes a tax, bond, fine, penalty license fee or other obligation or prohibition on adjusters resident in this state, the same shall be imposed upon nonresidents seeking a license in this state.

An adjuster who is found, through notice and hearing, to be violating any provision of the West Virginia Insurance Laws, or is incompetent or untrustworthy, shall have his license revoked or suspended or nonrenewed by the Insurance Commissioner. In addition, the commissioner may order the licensee to pay to the State of West Virginia an administrative penalty in a sum not to exceed one thousand dollars.

All applicants should, prior to applying for an adjusters license, be familiar with the West Virginia Insurance Laws and Administrative Regulations, with special emphasis on Chapter 33, Article 12B and Insurance Adjusters, Legislative Rule of the Insurance Commissioner, Series 25 (1989).

Licensing instructions, applications, waiver of examination forms and adjuster examination information can be obtained by contacting the West Virginia Insurance Commissioner, Agent Licensing Section, 2019 Washington Street East, Charleston WV 25305, telephone (304) 348-0610.

Hanley C. Clark
Insurance Commissioner

PRINT IN INK OR TYPE

CAREFULLY READ THE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM.

A. Check One: ___ RESIDENT or ___ NON-RESIDENT B. Check One: ___ Company or ___ Public
Are you now licensed as an adjuster in this or any other State? ___ Yes ___ No
If YES, show type of license, number, state and years held: _____

If an Adjusters license is granted, you will be empowered only to conduct this insurance activity and will fall under the jurisdiction of the West Virginia Insurance Commissioner whose powers and duties are stated in Chapter 33 of the West Virginia Code and all applicable Administrative Regulations.

DEFINITIONS: Company Adjuster -- an individual representing the interests of the insurer, including independent contractors with and salaried employees of the insurer.
Public Adjuster -- an independent contractor representing solely the financial interests of the insured named in the policy.

1. FULL LEGAL NAME: _____
LAST FIRST MIDDLE

2. SOCIAL SECURITY #: _____ 3. DATE OF BIRTH: _____

4. RESIDENCE ADDRESS: _____ TELEPHONE # _____
P.O. Box & Street, City, State, Zip

5. BUSINESS NAME: _____
5. BUSINESS ADDRESS: _____ TELEPHONE # _____
P.O. Box & Street, City, State, Zip

6. PLACES OF RESIDENCE FOR PAST FIVE (5) YEARS:
a. _____ c. _____
b. _____ d. _____

7. FULL RECORD OF EMPLOYMENT (Use separate sheet if necessary)
Employer Name & Address From (Mo/Yr) To (Mo/Yr) Reason for Leaving

- 8. Are you familiar with the West Virginia Insurance Laws and Administrative Regulations and intend to abide by the requirements and restrictions therein? ___ YES ___ NO
- 9. Do you understand that any & all address changes MUST be reported to this office within thirty (30) days? ___ YES ___ NO
- 10. Do you understand that if you are licensed concurrently under separate licenses as a company adjuster and as a public adjuster that you shall not act as a company adjuster and a public adjuster with respect to the same claim? ___ YES ___ NO
- 11. Has any license applied for by you ever been refused, suspended, or revoked by the Insurance Department of this or any other State? ___ YES ___ NO
- 12. Have you ever been charged with financial irregularities, or are you indebted to any company or agency for any overdue and unpaid money? ___ YES ___ NO
- 13. Have you ever been indicted for, or convicted of, a crime? ___ YES ___ NO

NOTE:
Any "YES" responses to Questions 11, 12, and 13 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

APPLICANT'S SIGNATURE: _____ DATE: _____
State _____ County of _____.

The applicant, whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this _____ day of _____, 19____ SEAL
Notary Public: _____ -1- My Commission Expires _____

NAME: _____
Last First Middle

WEST VIRGINIA INSURANCE COMMISSIONER
Application For Adjuster's License
Instructions

A. GENERAL -- All Applicants

1. An individual may be licensed both as a Company Adjuster and a Public Adjuster, however separate applications for each type must be completed and submitted to this office.
2. Your home address AND business address are required for our records (a mailing address may be noted).
3. Address changes must be reported to Agent Licensing within thirty (30) days.
4. Attach documentation, as required, if response is "YES" to any of Questions 11, 12, and/or 13. (See NOTE on Page 1.)
5. Sign the application before a Notary who must notarize your signature. Notaries located in a state other than West Virginia MUST affix seal.
6. INCOMPLETE AND/OR INCORRECT APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION/ CORRECTION.
7. Once the application is processed in our office, a license card will be mailed to the licensee at his/her business address on file with this office.
8. RENEWAL OF LICENSE.
All licenses expire annually on May 31st. Renewal applications and instructions will be mailed to licensed adjusters at their business address on file with this office prior to the expiration date.

B. WEST VIRGINIA RESIDENT APPLICANTS

Legal resident of West Virginia MUST apply as a Resident adjuster.

The following must be submitted with the completed application:

- a. **Original ETS Score Report**
Exception: Applicants employed as an adjuster **PRIOR** to July 1, 1989, may apply for a company and/or public adjuster license on or before November 1, 1989, without being required to take and pass an examination. A REQUEST FOR WAIVER OF EXAMINATION REQUIREMENT must accompany this application attesting to your employment as an adjuster prior to July 1, 1989.
- b. **Clearance Letter** (if applicable).
Applicants who have held any insurance license in any other state(s) must obtain letter of clearance from the state(s) and submit same with this application.
- c. **License Fee:** \$25.00 Check made payable to **WEST VIRGINIA INSURANCE COMMISSIONER**.

C. NON-RESIDENT APPLICANTS

Legal resident of a state other than West Virginia MUST apply as a Non-Resident adjuster.

The following must be submitted with the completed application:

- a. **Letter of Certification** from home state insurance department (Providing your state will license West Virginians applying as nonresident adjusters.)
- OR**
- b. **Original ETS Score Report**
Non-resident applicants who are not licensed as adjusters in their state of residence MUST pass the West Virginia Adjusters examination.
Exception: Applicants employed as an adjuster **PRIOR** to July 1, 1989, may apply for a company and/or public adjuster license on or before November 1, 1989, without being required to take and pass an examination. A REQUEST FOR WAIVER OF EXAMINATION REQUIREMENT must accompany this application attesting to your employment as an adjuster prior to July 1, 1989.
 - c. **License Fee:** \$25.00 minimum. Check made payable to **WEST VIRGINIA INSURANCE COMMISSIONER**. If applicants state of residence charges a higher license fee or imposes a bond on West Virginian's applying in that state, then West Virginia must require the higher fee and bond (if applicable) as payment of the license fee.

Send the completed application, license fee, and all required attachments to:

WEST VIRGINIA INSURANCE COMMISSIONER -- Agent Licensing
2019 Washington Street, East
Charleston, WV 25305
Telephone (304) 348-0610

REQUEST FOR WAIVER OF EXAMINATION REQUIREMENT

The applicant for a West Virginia adjusters license, whose name and signature appear on this form, CERTIFIES that he/she has been engaged in the practice of professional adjusting prior to July 1, 1989 and requests waiver of the examination requirement pursuant to West Virginia Code Chapter 33, Article 12B, Section 5(d).

The applicant further certifies that the two (2) references named on this form can verify that he/she has been engaged in the practice of professional adjusting prior to July 1, 1989.

APPLICANT:

Print Name _____ Signature _____

REFERENCE #1:

Print Name _____ Telephone #: (____) _____

REFERENCE #2:

Print Name _____ Telephone #: (____) _____

* * * * *

NOTARY SECTION:

State of _____ County of _____

The applicant, whose name appears signed to the above, after first being duly sworn by me, says that the above statement is true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this _____ day of _____, 19____.

Notary Public Signature: _____

(SEAL)

My Commission Expires: _____