



**STATE OF WEST VIRGINIA**  
**Offices of the**  
**Insurance Commissioner**

**Application as Emergency**  
**Insurance Adjuster**

*Licensing & Education Division*

EMERGENCY ADJUSTER ORDER #

EVENT NAME

**Complete an application for each emergency declaration and email to [oiagentlicensing@wv.gov](mailto:oiagentlicensing@wv.gov)**  
*(Please Print or Type)*

This form must be completed and registered with the West Virginia Offices of the Insurance Commissioner. The applicant must apply 24 hours BEFORE the applicant begins working in the state to give the West Virginia Offices of the Insurance Commissioner time to review the application. The license as an emergency adjuster shall remain in force for not more than ninety (90) days from the date of issue, unless extended for an additional period by the Commissioner and is valid only for the insurance emergency listed above (W.Va. CSR, Title 114, Series 25).

**Demographic Information**

Last Name		JR./SR. etc	First Name		Middle Name
NPN			Residence/Home Address (Physical Street)		
DOB (mo)	(day)	(year)			
City		State	Zip Code	Home Phone Number	
Mobile Phone Number	Gender (Check One) Male      Female		Are you a Citizen of the United States? (Check One) Yes      No      (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
Applicant's Mailing Address		P.O. Box	City	State	Zip Code      Foreign Country

**I ACKNOWLEDGE this emergency adjuster license expires at the end of ninety (90) days from the date of issue, unless extended for an additional period by the Commissioner.**

**Effective Date**

**Date Signed**

**Signature:** \_\_\_\_\_

**THIS PORTION MUST BE COMPLETED BY** an authorized employee representative of an insurer who is licensed to do business in this State.

I hereby authorize the above named individual to act as an Insurance Adjuster for a period of time not to exceed ninety (90) days. I accept responsibility for any losses caused by the applicant or for any improper claim handling committed by the applicant.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ National Producer Number/  
 West Virginia License # \_\_\_\_\_

Company Name or Name of Independent Adjuster \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
 Name/Title

Effective date of contract between insurer and independent adjuster, if applicable

\_\_\_\_\_  
 Contact Phone Number

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Authorized Signature

**Note:** This application serves as your Emergency Adjuster License, and you must keep a copy of this application in your possession at all times you are adjusting emergency claims. **This form must be signed and emailed to [oiagentlicensing@wv.gov](mailto:oiagentlicensing@wv.gov)**

A person who is otherwise qualified to adjust claims, but is not licensed in this state, may act as an emergency company or independent adjuster in this state if, within five days of the declared insurance emergency, the insurer notifies the Commissioner by completing the OTHERWISE qualified emergency adjuster form.