



STATE OF WEST VIRGINIA
Offices of the
Insurance Commissioner

Otherwise Qualified
Emergency Insurance
Adjuster Application

Licensing & Education Division

EMERGENCY ADJUSTER ORDER #

EVENT NAME

Complete an application for each emergency declaration and email to oiagentlicensing@wv.gov

(Please Print or Type)

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 this form.

Please note a person not otherwise qualified to adjust claims in West Virginia upon proper notification to the Commissioner during a declared insurance emergency may still apply for an emergency adjuster license.

Demographic Information of Emergency Adjuster

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.)		

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: _____

*The term "otherwise qualified" refers to an adjuster who is not currently licensed in West Virginia, but who is appropriately licensed as an adjuster in another state that has a reciprocal licensing relationship with West Virginia; an adjuster who formerly held a West Virginia adjuster license that was in good standing with the Commissioner, but has since let his or her adjuster license expire; or a licensed adjuster in West Virginia who does not hold the requisite line of authority to adjust the type of claims necessary during the declared insurance emergency.

If you do not meet the requirements for an "otherwise qualified" applicant and would like to apply as an emergency adjuster, please use this [link](#).

For more information on becoming an adjuster in West Virginia please visit the West Virginia Offices of the Insurance Commissioner licensing and education page at: www.wvinsurance.gov/Divisions-licensing

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/WV License # _____

Company Name or Name of Independent Adjuster: _____

Street _____ City _____ State _____ Zip Code _____
 Email _____ Contact Phone _____
 Address: _____ Number: _____

Name/Title: _____

Date signed _____

 Authorized signature of insurer

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**