

# **APPLICATION INSTRUCTIONS FOR ADJUSTER'S LICENSE**

*West Virginia Offices of the Insurance Commissioner*

## **A. GENERAL - All Applicants**

1. An individual may be licensed as a Company Adjuster, Public Adjuster and a Crop 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 1 through 7.
5. **INCOMPLETE AND/OR INCORRECT APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION/CORRECTION.**
6. Once the application is processed your license may be printed from our website at [www.wvinsurance.gov](http://www.wvinsurance.gov), scroll down to SBS links and select licensee lookup. After entering in the name in the search criteria, if licensure has been granted the name will appear. To print out the license select SBS Connect License print from the SBS Links box.
7. **Non-resident adjusters may be licensed as a non-resident adjuster in this state if the applicant's home state has established, by law or regulation like requirements for the licensing of a resident of this state as a non-resident adjuster. Should a nonresident adjuster's home state not license adjusters, an individual may designate a home state in a state which he or she has taken the exam and holds a license. This applies only to individuals whose principal place of residence does not license adjusters.**
8. For individuals applying for a crop adjuster license, the commissioner will accept certification that the individual has passed a proficiency examination approved by the Federal Risk Management Agency. Certification must be included with the application.
9. **RENEWAL OF LICENSE**
  - a. 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 - A legal resident of West Virginia MUST apply as a Resident Adjuster.**

If applicable, the following must be submitted with the completed application:

- a. **Original PearsonVue Score Report**
- b. **Clearance Letter** (if applicable) - If an applicant has recently moved from another state and held an adjuster license in that state, he/she must obtain letter of clearance from the state and submit same with this application.
- c. If applying for a Crop Adjuster License, certification by the Federal Risk Management Agency is required.
- d. **License Fee:** \$25.00

## **C. NON-RESIDENT APPLICANTS - Legal resident of a state other than West Virginia MUST apply as a Non-Resident adjuster.**

Non-Resident Applicants must be licensed in their home state of residency or if applicable, the following must be submitted with the completed application:

- a. **ORIGINAL PearsonVue Score Report.** If adjuster's home state does not license adjusters and the individual has not taken an exam in another state whereby they can designate that state as their home state, the West Virginia Exam Report will be accepted by designating West Virginia as the designated home state.
- b. If designating a home state, home state must be identified at the top of the first page of the application (page 2). An adjuster will be attesting on page 4 of the application that they have passed an Adjuster Examination in their designated home state or have been grandfathered by law in their designated home state.
- c. If applying for a Crop Adjuster License, certification by the Federal Risk Management Agency is required.
- d. **License Fee:** \$25.00

Check made payable to:

***West Virginia Offices of the Insurance Commissioner***

Send completed application, license fee and attachments to:

**Agents Licensing & Education  
PO Box 50541  
Charleston WV 25305-0541**

**Overnight Address:  
900 Pennsylvania Ave, 7<sup>th</sup> Fl  
Charleston WV 25302**



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

**Application for Adjuster's License**

*(Please Print or Type)*

**Agent Licensing & Education**

Resident License \_\_\_\_\_ Non-Resident License / Identify Home State License #: \_\_\_\_\_  
 Designated Home State: \_\_\_\_\_ / Designated Home State License #: \_\_\_\_\_

*Designated Home State Applies only to individuals whose principal place of residence does not license adjusters. An individual must choose a Designated Home State in a state which he or she holds a license and has taken the exam.*

<b>Select License Type – Please Select One</b>					
Jurisdiction	Company Adjuster	Public Adjuster		Crop Adjuster	
WV					
<b>Demographic Information</b>					
① Soc. Security Number			② If assigned, National Producer Number (NPN)		
③ Last Name JR./SR. etc		④ First Name	⑤ Middle Name	⑥ Date of Birth (month) ___ (day) ___ (year) ___	
⑦ Residence/Home Address (Physical Street)		⑧ City	⑨ State	⑩ Zip Code	⑪ Foreign Country
⑫ Home Phone Number	⑬ Gender (Circle One) Male Female	⑭ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (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.)			
⑮ Business Entity Name					
⑯ Business Address (Physical Street)		⑰ P.O. Box	⑱ City	⑲ State	⑳ Zip Code
㉒ Business Phone Number	㉓ Business Fax Number		㉔ Business E-Mail Address		㉕ Business Web Site Address
⑯ Applicant's Mailing Address		⑰ P.O. Box	⑱ City	⑲ State	⑳ Zip Code
⑳ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business.					
<b>Employment History</b>					
㉔ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
		From	To		
		Month	Year	Month	Year
<b>Name</b>					Position Held
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			

**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. *Crop Adjuster* -- a person who adjusts crop insurance claims under the federal crop insurance program administered by the United States Department of Agriculture.

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**Background Information**

57 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

**Note: "Crime"** includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

**"Convicted"** includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes \_\_\_ No \_\_\_

**"Involved"** means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

**"Involved"** also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. **"Involved"** also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. **INCLUDE** any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company

You may **EXCLUDE** terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

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7. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- c) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- d) copies of all relevant documents.

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

8. Do you have a child support obligation in arrearage?

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_  
 (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) N/A \_\_\_

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? Yes \_\_\_ No \_\_\_

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

**Applicant's Certification and Attestation**

88 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I further certify that I have passed an Adjuster Examination or have been grandfathered by law in my designated home state: Yes \_\_\_ or No \_\_\_  
 List State: \_\_\_\_\_

\_\_\_\_\_  
 Month/Day/Year

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Full Legal Name (Printed or Typed)

**Attachments**

89 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).

Note: If an Adjuster's 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.