



Application as Emergency Insurance Adjuster

West Virginia Offices of the Insurance Commissioner



EMERGENCY ADJUSTER ORDER # _____

Complete an application for each emergency declaration

(Please Print or Type)

This form must be completed and registered with the West Virginia Offices of the Insurance Commissioner, and the employer of this applicant shall certify the application for license as an emergency adjuster to the Commissioner within twenty-four (24) hours after the applicant begins working as an emergency adjuster for said employer. The license as an emergency adjuster shall remain in force for not more than one hundred and twenty (120) days from the date of issue, unless extended for an additional ninety (90) days 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	
Soc. Security Number				Date of Birth			
-				(month)		(day)	
-				(year)			
Residence/Home Address (Physical Street)			City		State	Zip Code	Foreign Country
Home Phone Number		Gender (Circle 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.)			
Business Entity Name							
Business Address (Physical Street)			P.O. Box	City	State	Zip Code	Foreign Country
Business Phone Number (include		Business Fax Number		Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address			P.O. Box	City	State	Zip Code	Foreign Country

I ACKNOWLEDGE this emergency adjuster license expires at the end of one hundred and twenty (120) days from the date of issue, unless extended for an additional ninety (90) days by the Commissioner.

Date: _____

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 one hundred and twenty (120) 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 _____, _____ West Virginia License # _____

Company Name: _____

Street _____ City _____ State _____ Zip _____

Email Address: _____

Name/Title

Contact Phone Number

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