CATLOSS Form #0711

Insurer Name:_____
Insurer FEIN:_____

Indiana Department of Insurance
311 West Washington Street
Indianapolis, IN 46204-2787
www.in.gov/idoi
agentlicensing@idoi.in.gov

CAT LOSS #:_____
Date of CAT LOSS:_____

CATASTROPHIC UNLICENSED ADJUSTER REQUEST FORM

In order to send unlicensed Adjusters into the State of Indiana to adjust the losses from a "declared" catastrophe situation, you must comply with the outlined provisions of Indiana Insurance Laws and Regulations. Indiana Code Section 27-1-28(11) permits unlicensed adjusters into Indiana.

Adjusters who have complied with the following, shall be allowed in Indiana to adjust CAT LOSS claims:

- **Insurer certifies the adjuster is qualified by passing any state insurance regulatory adjuster examination, or**
- **Insurer certifies the adjuster is employed by or contracted to act as a claims adjuster on behalf of insurer for a minimum of 5 years.**

Name of Unlicensed Adjuster	Home State License Number	Qualified by Employment or Contract for Which Insurer?	Starting Date for CAT LOSS Claims Adjusting

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, BY SIGNING THIS FORM, I AM CERTIFYING THE ADJUSTERS LISTED HAVE MET THE QUALIFICATIONS INDICATED AND I AM AUTHORIZED TO SIGN THIS FORM ON BEHALF OF THE INSURER INDICATED ABOVE.

Signature:_____ Printed Name:_____ Title:_____

Date:_____ Phone Number:_____ Email Address:_____

Physical Street Address, City, State, ZIP: _____