ADJUSTER DESIGNATION OF HOME STATE FORM
To be completed by Kentucky non-resident-licensed Adjusters

(PLEASE PRINT OR TYPE)

Non-Resident Adjuster’s Full Name: _______________________________________

DOI License # or NPN: ________________ Domiciled State*:____________________

*Note: The “Domiciled State” is the state in which the adjuster maintains his, her, or its principal place of residence or business.

I am a non-resident, licensed adjuster in Kentucky, and I wish to designate the state of __________________________ as my Adjuster home state.

NOTE: You must select a state in which you currently hold an ACTIVE adjuster license.

If you…….
• passed the KY adjuster exam,
• AND do not reside in KY or have principal place of business in KY,
• THEN DOI will correct your adjuster license to “non-resident,”
• AND DOI will add the Adjuster Designated Home State identified above.

Attestation:
I hereby attest that, under penalty of perjury, all of the information submitted above is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation, and may subject me monetary penalties.

______________________________________________________
Signature of Adjuster

______________________________________________________
Date

You may submit by email to DOI.AgentLicensingMail@ky.gov, fax to 502-564-6030, U.S. Mail to address above, or upload through your Individual eServices account, by selecting “Add Requested Documents.”