



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
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ADJUSTER DESIGNATION OF HOME STATE FORM
To be completed by KY 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.LicensingMail@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".