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CATLOSS Form #8307 (02-2009)

## Commonwealth of Kentucky Department of Insurance P.O. Box 517, Frankfort, KY 40602

http://insurance.ky.gov/ KOIAgentLicensingMail@ky.gov

CAT LOSS #:	
<b>Date of CAT LOSS:</b>	

## REQUEST FOR UNLICENSED ADJUSTER REPRESENTING AN INSURER TO ADJUST LOSSES RESULTING FROM A CATASTROPHE

In order to send unlicensed Adjusters into the Commonwealth of Kentucky to adjust the losses from a "declared" catastrophe situation, you must comply with the outlined provisions of Kentucky Insurance Laws and Regulations. KRS 304.9-430 and 806 KAR 9:120 permit unlicensed adjusters into Kentucky based on the following: "An unlicensed adjuster sent into this state on behalf of an insurer for the adjustment of a series of losses resulting from a catastrophe common to all such losses shall be permitted to do so without being licensed in Kentucky for a period not exceeding ninety (90) consecutive days, which period may be extended by the commissioner for good cause shown."

Adjusters who have complied with the following, shall be allowed in Kentucky 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.

(WARNING – an unlicensed adjuster may not be sent into the state to adjust claims until this information has been filed with and approved by Kentucky Department of Insurance. Confirmation of approval will be made by phone to the authorized insurer representative, indicated below, with a follow-up approval mailed to the address noted.)

Name of Unlicensed Adjuster

Social Security Number

Has Qualified by Exam in
Which State?

Contract for Which Insurer?

Starting Date for CAT
LOSS Claims Adjusting

Starting Date for CAT
LOSS Claims Adjusting

LOSS Claims Adjusting

Interest Centrest of the Adjuster of

	,	EY SIGNING THIS FORM, I AM CERTIFYING THE A ED TO SIGN THIS FORM ON BEHALF OF THE INSU	
Signature		Printed Name:	Title:
Date:	Phone Number:	Email Address:	
<b>Physical Street</b>	Address, City, State, ZIP:		