

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
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<https://insurance.ky.gov/>
502-564-6004
(PLEASE PRINT OR TYPE)

SUPPLEMENTAL APPRENTICE ADJUSTER LICENSE APPLICATION

Certificate of Sponsoring Adjuster for Apprentice Adjuster

Name of Apprentice Adjuster Applicant

THIS SECTION MUST BE COMPLETED BY THE LICENSED SPONSORING ADJUSTER

The adjuster certifies that the following information is true, has been verified, and maintained in the adjuster's files:

- 1) The applicant is eligible to designate Kentucky as his or her home state.
- 2) An investigation of the applicant's qualification for license has been made and the applicant should be licensed.
- 3) The applicant is trustworthy and of good reputation.
- 4) The applicant for apprentice adjuster license will at all times be a full-time employee of an insurer or adjuster and be subject to the training, direction, and control of a licensed adjuster acting in the same capacity as that sought by the applicant.

Sponsoring Adjuster Name (type or print)

Sponsoring Adjuster KY DOI# or NPN

Signature

Date

Mailing Address

Phone number

Email Address

City, State, ZIP CODE