South Carolina Department of Insurance

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NIKKI R. HALEY
Governor

RAYMOND FARMER
Director of Insurance

APPOINTMENT AS AN EMERGENCY ADJUSTER

INSTRUCTIONS

1. The insurer appointing the emergency adjuster must complete this Form. If the applicant already holds a State of South Carolina non-resident adjuster license, then this Appointment Form is not necessary.
2. Print this form using your web browser print facility. If you are not able to print this Form, then you may duplicate the Form as it appears on this page.
3. All questions must be answered. An authorized appointing officer of the insurer must sign the Appointment Form.

INSURER INFORMATION

1. Name of Insurer:
2. Mailing Address:
3. Insurer Contact Person: Telephone No.:
4. Fax No.: South Carolina Company Code:

INSURER INFORMATION

5. Name of Adjuster:
   First MI Last (Suffix)
6. Home Address:
7. City: State: Zip Code:
8. Date of Birth: Social Security No.:
9. State of Residence: Driver's License No.:
10: Licensed in resident state as an adjuster: Yes No
11. If No, then give a reason: Staff Adjuster (Provide explanation)
12. Date employed by insurer (applicable only to Independent Adjusters):
    Month Day Year

The above named insurer hereby appoints the above named individual as an emergency adjuster to adjust natural disaster insurance claims on its behalf. The above named insurer clearly understands and agrees that this initial appointment is for a period not to exceed one hundred and twenty (120) days from the date of this initial appointment. The above named insurer further understands and agrees that before an extension of time is approved for this emergency adjuster, written authorization must have been received from the South Carolina Department of Insurance. The above named insurer further certifies that it has depleted its source of licensed resident/nonresident adjusters for handling South Carolina disaster claims.

13. Signature of Insurer Appointing officer: Date of Appointment:
14. Storm Name:

Signature of Applicant