South Carolina Department of Insurance

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Columbia, South Carolina 29201

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

APPOINTMENT AS AN EMERGENCY ADJUSTER

Instructions

1. This Form is to be completed by the insurer appointing the emergency adjuster. If the applicant already holds a State of South Carolina Non-Resident Adjusters 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. The Appointment Form must be signed by an authorized appointing officer of the insurer.

INSURER INFORMATION

1. Name of Insurer: _____
2. Mailing Address: _____
3. Insurer Contact Person:_____ Telephone Number: (____) _____ Fax Number: (____) _____
4. South Carolina Company Code: _____

ADJUSTER INFORMATION

5. Name of Adjuster: (Last)_____, (First)_____ (MI)_____ (Jr. Sr.)_____
6. Home Address: _____
7. City: _____ State: _____ Zip Code: _____
8. Date of Birth: (Mo)_____ (Day)_____ (Yr)_____ Social Security Number: _____
9. State of Residence: _____ Driver's License Number: _____
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): (Mo)___ (Day)____ (Yr) _____

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. Date of Appointment _____ Signature of Insurer Appointing Officer: _____
14. Storm Name _____

_____
SIGNATURE OF APPLICANT

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20__

_____
SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES: _____