EMERGENCY PUBLIC ADJUSTER REGISTRATION FORM
JUNE 1, 2006 thru MAY 31, 2007

Due to the disaster caused by Hurricane Katrina, the Commissioner of Insurance has issued Bulletin No. 2005-8 (amended) requiring registration for all public adjusters doing business in the State of Mississippi. This registration does not require the licensing of public adjusters and is only implemented on a temporary basis to ensure the citizens of Mississippi are properly served. **There is a fee of fifty dollars ($50.00) for this registration. Otherwise, registration will be considered invalid.** Term of registration shall be from the date received by this Department until May 31, 2007.

(Please Print or Type)

Applicant Name: ____________________________ (First) (Middle) (Last) (Social Security Number)

Resident Address: ____________________________ (Street) (City) (State) (Zip)

Mailing Address: ____________________________ (Street) (City) (State) (Zip)

Telephone Numbers: ____________________________ (Home) (Business) (Cell)

Date of Birth: ___________ E-Mail Address: ________________

EMPLOYER INFORMATION

Employer Name: ____________________________ Phone Number: __________________

Employer Address: ____________________________ (Street) (City) (State) (Zip)

Registration is hereby made in good faith and the terms and obligations of the Mississippi Insurance Department and the State of Mississippi are accepted accordingly. I do hereby swear and affirm that all of the aforementioned information is true and correct.

______________________________
(Signature of Public Adjuster)

______________________________
(Date of Registration)