

MISSISSIPPI

GEORGE DALE

Commissioner of Insurance
State Fire Marshal

Mississippi Insurance Department
1804 Walter Sillers Building (39201)
P. O. Box 79
Jackson, Mississippi 39205-0079



Telephone
(601) 359-3569
FAX (601) 359-2474
Consumer Assistance 1-800-562-2957

September 28, 1993

TO: ADJUSTING COMPANIES
FROM: Licensing Division - Bea Smith, Director
RE: Mississippi Code 83-17-401

BULLETIN

Bulletin 93-5

Mississippi Legislature, 1993 Regular Session, passed House Bill No. 1264, adjusts law to take effect and be in force from and after July 1, 1993.

This law requires all independent adjusters to participate in a continuing education program(s) for at least twelve (12) hours each license year. It also changed the adjuster license to expire on December 31 following the date of issuance in lieu of March 1.

You are hereby notified all independent adjusters may renew their license January 1, 1994, without the twelve (12) hours of continuing education. However, they must complete twelve (12) hours of continuing education before January 1, 1995, renewal.

Each adjuster will be mailed notification of the changes December 1993 with their renewal application.

Your company license renewal date will remain March 1 each year.

For your convenience, I have enclosed a new adjuster's application and instruction sheet. You may duplicate the application.

If you have any questions or need additional information, please contact me or the Licensing Division at (601) 359-3582.

Memorandum

MISSISSIPPI INSURANCE DEPARTMENT

P.O. Box 79
Jackson, Mississippi 39205
(601) 359-3569

To: Resident or Non-Resident Adjusters

From: Licensing Division - (601) 359-3582

Date: _____

Subject: Licensing Procedures

- (1) Application for adjuster's license must be completed in its entirety. Signature must be notarized.
- (2) Privilege tax payment (license fee) is \$50.00. Renews January 1 each year.
- (3) Emergency adjuster must have page two completed by sponsor.
- (4) Resident Independent adjuster must attach a copy of the examination results if exam is required.
- (5) An examination is not required if applicant has been principally engaged in the investigation, adjustment, or supervision of losses and who is so engaged on July 1, 1993, or one year period next preceding July 1, 1993.
- (6) If question #5 on application is answered "no", you must attach a certificate of 12 hour pre-license education.
- (7) Non-resident Independent adjuster must attach a letter of certification.
- (8) Exam information may be obtained from Testing Services, Inc., 754 Pear Orchard Road, Ridgeland, MS 39157; Telephone: (601) 956-0049.
- (9) Agent's study manual may be obtained from Insurance Agents Service Corporation, 945 North State Street, Jackson, MS 39225; Telephone: (601) 354-4595.
- (10) Independent adjusters are required to obtain 12 hours of continuing education each year after the initial license year.



APPLICATION FOR ADJUSTER'S LICENSE

(Sec. 83-17-401)

Privilege Tax: \$50.00

MAIL ADDRESS: MISSISSIPPI INSURANCE DEPT. 550 HIGH STREET 1806 SILLERS BLDG. (39201) P.O. BOX 79 (39205) JACKSON, MS

Full Name: (First) (Middle) (Last) (Social Security No.)

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

Mail Address: (Street) (City) (State) (Zip)

Date of Birth: Telephone Number

Type license being applied for: Independent Adjuster Emergency Adjuster Trainee Adjuster

- 1. If Trainee Adjuster, list name and address of licensed adjuster or insurer providing supervision:
2. Has the applicant ever been charged with a felony or misdemeanor?
3. Has applicant been licensed in another state in the past five years?
4. Has applicant ever been refused or had suspended or revoked a privilege license in this state or another state?
5. Has Applicant had experience or special education or training with reference to the handling of loss claims under insurance contracts?
6. Applicant must provide employment history for five (5) years preceding the date of this application.

Table with 4 columns: Date From, To, Employer Name & Address, Type of Business

State of)
County of) SS

Signature of Applicant

This applicant first being duly sworn upon his oath, states that the statements contained in the above and foregoing application are true to the best of his knowledge and belief this day of 19

My commission expires: 19

Notary Public Signature