

AFFIDAVIT

Mississippi Insurance Department
Request to Limit the Scope of Licensure as a Non-Resident Independent Adjuster

I hereby certify that I have submitted to the Mississippi Insurance Department an application for licensure as a non-resident independent adjuster on the basis of reciprocity with my home state as identified on my License Application.

I understand that Mississippi offers only two types of independent adjuster licenses, as follows:

1. Property & Casualty including Workers' Compensation, and
2. Workers' Compensation Only

I further certify that I am applying for a Non-Resident, Property & Casualty Independent Adjuster license, which includes Workers' Compensation.

I understand that the Mississippi Insurance Department requires applicants to be licensed and in good standing in their home state for the lines of authority requested for the non-resident state.

I acknowledge that the adjuster license issued to me by my home state authorizes me to perform adjustments for Property & Casualty insurance claims, but does NOT authorize me to perform adjustments for Workers' Compensation insurance claims.

I further certify that by signing this affidavit, I am agreeing to voluntarily limit the scope of the Non-Resident Independent Adjuster license issued to me by the Mississippi Insurance Department to EXCLUDE the workers' compensation line of authority.

I further certify that I will NOT adjust workers' compensation claims in the state of Mississippi and I acknowledge that if I wish to adjust workers' compensation claims in the future, I will need to provide evidence to the Mississippi Insurance Department that I have received a passing grade on the Mississippi Workers' Compensation Licensing Examination, or that I have received a license to adjust Workers' Compensation in my home state.

I understand that adjusting workers' compensation claims without passing said examination or receiving a license to do so in my home state is a violation of the Mississippi Insurance Code which could subject me to monetary fines and/or revocation of my license in Mississippi.

This the _____ day of _____, 20__.

Printed Name of Applicant

Signature of Applicant

So Sworn and Affirmed before me, on this the _____ day of _____, 20__.

Notary Public Signature
My Commission Expires: