

MIKE CHANEY
Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

CERTIFICATION OF ERRORS AND OMISSIONS COVERAGE
UNDER MID REGULATION 2007-4

I hereby certify that errors and omissions policy listed below, insures against claims resulting from any errors and omissions in my performance of public adjusting services and that such policy includes, at a minimum, the standards set forth in MID Regulation 2007-4.

NAME OF APPLICANT: _____

NAME OF INSURED: _____

NAME OF THE INSURANCE COMPANY: _____

MS LICENSE NUMBER OR NAIC NUMBER OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

AMOUNT OF COVERAGE: \$ _____

EXPIRATION DATE: _____

It is further understood and agreed that coverage by this policy may not be terminated, canceled, lapsed, or non-renewed, regardless of cause or reason, without my providing the Commissioner of Insurance for the State of Mississippi with ten (10) days prior written notice.

Name of Applicant

Date

Signature of Applicant