



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation

INSURANCE DIVISION

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INSURANCE CLAIMS ADJUSTER INSTRUCTIONS & APPLICATION

REQUIREMENT CHECKLIST FOR ALL RHODE ISLAND RESIDENTS:

- Completed Application.
- A copy of the R.I. Background report from the Attorney General's office.
- A copy of the original passed R.I. exam results.
- \$50.00 application fee. (**Separate checks**)
- \$120.00 license fee. (**Separate checks**)

REQUIREMENT CHECKLIST FOR ALL APPLICANTS HOLDING AN ACTIVE ADJUSTER LICENSE IN A RECIPROCAL STATE: (reciprocal states are listed below)

- Completed Application.
- Proof that an Active Adjuster license is held in a reciprocal state.
- \$50.00 application fee. (**Separate checks**)
- \$120.00 license fee. (**Separate checks**)

REQUIREMENT CHECKLIST FOR ALL APPLICANTS THAT DO NOT HOLD AN ACTIVE ADJUSTER LICENSE IN A RECIPROCAL STATE:

- Completed Application.
- A copy of the criminal background report. **** (All states except for MA & NY. See below)****
- A copy of the original passed R.I. exam results.
- \$50.00 application fee. (**Separate checks**)
- \$120.00 license fee. (**Separate checks**)

**** Massachusetts and New York residents that do not hold an active reciprocal license must follow the checklist box below in order to obtain a criminal background report. ****

****MASSAHUSETTS RESIDENTS:**

- CORI Request form.

****NEW YORK RESIDENTS:**

- Complete the New York Fingerprint card process.

RHODE ISLAND RECIPROCAL STATES:

Connecticut, Kentucky, Maine, Michigan, New Hampshire, North Carolina, Oklahoma, South Carolina, Texas, Vermont, and Wyoming.

CLAIMS ADJUSTER INSTRUCTIONS FOR CHECKLISTS:

1. **FEES:** \$50.00- Application Fee. \$120.00- License fee. Total Fee- \$170.00.
The application and license fee must be two separate checks.

Amendment fee: \$50.00 fee only. (To Add a line of authority to your current license.)

Checks or Money Orders are made payable to: General Treasurer, State of Rhode Island.

2. **EXAM INFORMATION:** To schedule the exam you must call PearsonVue at 1-800-274-3739, or visit the website at www.vue.com PearsonVue Offers Two (2) Claims Adjuster Exams: *Property/Casualty Adjuster*, and *Workers Compensation Adjuster*. Exam Results are only valid for one year. **The RI Insurance Division cannot advise which exam to schedule and does not provide any study materials for the exams. Exam Content Outlines are available at www.vue.com.**

3. **PROOF OF AN ACTIVE ADJUSTER LICENSE:** Any applicant that can show **one** of the following documents does not have to take the R.I. Claims Adjuster exam. **Any applicant that cannot show proof of an active reciprocal license must take and pass the R.I. exam.**

- ❖ *A copy of an active Adjuster license in a reciprocal state.*
 - ❖ *A copy of a PDB (Producer Database Report) dated within 90 days.*
 - ❖ *A Certification letter dated within 90 days from one of the reciprocal states.*
 - ❖ *A license status inquiry page from one of the reciprocal states.*
- (The above must be from a State Insurance Departments website.)*

4. CRIMINAL BACKGROUND REPORTS:

- **RI Residents:** Criminal background report from the RI Attorney General's office. For questions relating to obtaining this report please call the Attorney General's office at 401-274-4400.
- **MASS Residents (that do not hold a reciprocal license):** Complete and attach the CORI request form which is located on the departments website. (www.dbr.ri.gov)
- **NY Residents (that do not hold a reciprocal license):** Send an email to Ldesilets@dbr.state.ri.us to request a New York fingerprint card kit be mailed out to you.
- **All Other Non-Residents (that do not hold a reciprocal license):** Obtain a criminal background report from the applicant's resident state. **OR** from one of the following R.I. approved online vendors.

For Individuals:

- * Choicepoint, www.choicetrust.com
- * General Info Services. 800-369-3640 x4012, or email mharper@geninfo.com

For Employers/Companies:

- * Orange Tree Screening. 952-358-7106, www.orangetreescreening.com
- * Corporate Screening. 800-229-8606 (option3) or customerservice@corporatescreening.com

5. **VETERAN INFORMATION:** (**\$50.00 fee only.**) The license fee is waived for any honorably discharged soldier, sailor or marine who has at any time served the United States in time of war. ***A copy of the DD-214 form is required for all veterans.***

6. **ONLINE APPLICATIONS:** RI Residents and non-residents may apply online at www.nipr.com Non-residents may apply online **only** if they hold a current active resident license in their resident state.

Individual Claims Adjuster License Application

Check appropriate box for license requested.

- NEW APPLICATION
- AMENDED APPLICATION- (Adding a Line of Authority to current license)

Lines of Authority: PLEASE CIRCLE LINE(S) REQUESTED.	Property/Casualty	Workers Compensation
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① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, NASD Individual Central Registration Depository (CRD) Number NOT REQUIRED FOR A CLAIMS ADJUSTER LICENSE		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip Code
⑭ Home Phone Number () -	⑮ Gender (Circle One) Male Female	⑯ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S)			
⑰ Business Entity Name					
⑱ Business Address (Physical Street)		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip Code
㉓ Business Phone Number () -	㉔ Business Fax Number () -	㉕ Business E-Mail Address		㉖ Business Web Site Address	
㉗ Applicant's Mailing Address		㉘ P.O. Box	㉙ City	㉚ State	㉛ Zip Code
㉜ List any assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business.					

Agency or Business Entity Affiliations

㉝ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

Employment History

㉞ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	Foreign Country	From		To		Position Held
				Month	Year	Month	Year	

Are you a Veteran that has served in a time of War? Yes No
***DD- 214 Form must be provided.**

Background Information

58 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Applicants Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the on-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)