



State of New Hampshire Insurance Department

21 South Fruit Street Ste 14, Concord NH 03301

www.nh.gov/insurance

Main phone 603-271-2261

Licensing 603-271-0203

ADJUSTER LICENSE APPLICATION

Form 105.17 (revised (01/18/2017))

<p>Resident and Non-Resident Initial license fee \$75 (non-refundable) Make checks or money orders payable to the New Hampshire Insurance Department. For Faster Processing, New Applications are to be Processed online through www.nipr.com or SBS. See our website for direct links. www.nh.gov/insurance.</p> <p>(Print or type)</p>	<p>Action Requested. Select only one of the following three choices:</p> <p>1. Initial License _____</p> <p>2. Reinstatement _____ (NH License # _____) Reinstatement within 2 years of expiration requires submission of 2x initial license fee, per RSA 400-A:29. Residents or those with NH as their designated home state Must be CE compliant.</p> <p>3. Amendment –Add or Delete a line of authority. Requires \$50 fee submitted with this application _____ (NH License # _____)</p> <p>Insurance Lines of Business: Select only one of the following three choices:</p> <p>1. Property & Casualty Excluding Workers Compensation _____</p> <p>2. Property & Casualty Including Workers Compensation _____</p> <p>3. Workers Compensation only _____</p>
--	--

① Soc. Security Number		② If assigned, National Producer Number (NPN)			
		Non-Resident – Designated Home State:		License #:	
③ Last Name JR./SR. etc		④ First Name	⑤ Middle Name	⑥ Date of Birth (month) ___ (day) ___ (year) ___	
⑦ Residence/Home Address (Physical Street)		⑧ City	⑨ State	⑩ Zip Code	⑪ Foreign Country
Applicant email address:					
⑫ Home Phone Number () -		⑬ Gender (Circle One) Male Female	⑭ 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, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
⑮ Business Entity Name					
⑯ Business Address (Physical Street)		⑰ P.O. Box	⑱ City	⑲ State	⑳ Zip Code
㉒ Business Phone Number (include extension) () -	㉓ Business Fax Number () -	㉔ Business E-Mail Address		㉕ Business Web Site Address	
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City	㉙ State	㉚ Zip Code
㉛ Preferred contact email address					
a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.					
b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					

Employment History								
㉜ 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 Month	From Year	To Month	To Year	Position Held

State Use	LOA	Lic Issued	Lic.Expiration	Approved	Amt Paid

36. This Section is required For Non-Residents (Residents MUST Pass the Licensing Exam)

NHRSA 402-B:4 Examination. – Except as hereinafter provided, the commissioner of insurance shall not issue an original claims adjuster's license to any applicant therefor unless and until said applicant shall have satisfactorily passed a reasonable written examination...

NHRSA 402-B:5 Exceptions - The commissioner shall waive the requirement of such examination in the following cases: Nonresident applicants who are licensed as insurance claims adjusters in the states in which they reside, or if no license is required in said states, then nonresident applicants who have engaged in the business of claims adjusting for a period of 6 months.

DESIGNATED HOME STATE (DHS): A non-resident who resides in a state or jurisdiction that does not issue adjuster license's, may designate another state where an adjuster license is held, as their "Designated Home State". NH will verify the validity of the DHS license and that the applicant is listed on the NAIC producer Database (PDB) as a resident of that DHS for licensing purposes.

Complete only one of the following three declarations:

1. I hold an adjusters license in my resident state of _____, license number _____, and I adjust claims in the following lines of insurance _____ (PROCESS NEW APPLICATION ONLINE www.nipr.com)
(P&C, Workers Compensation)

or

2. I hold an adjusters license in the state of _____, license number _____, and I am declaring said state as my "Designated Home State", and I adjust claims in the following lines of insurance _____ (PROCESS NEW APPLICATION ONLINE www.nipr.com)
(P&C, Workers Compensation)

or

3. By submitting this application, I certify that I have had at least 6 months experience in the field of insurance claims adjusting within the last 2 years. (PROCESS NEW APPLICATION ONLINE <https://sbs-nh.naic.org/Lion-Web/jsp/ext/login/UserVerification.jsp>)

Employed by (company) _____
From (date) _____ to (date) _____
That I adjusted claims in the following lines of insurance _____
(P&C, Workers Compensation)

Reference name and phone number for verification of declaration choice #3
NAME _____ Telephone _____

Note: References listed on this section may be contacted for verification of the above information. Providing false information will result in denial of the license.

37. Applicant's 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. Unless provided otherwise by law or regulation of the jurisdiction, 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, a) I have no child-support obligation, 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 which this application is made 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 non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Applicant Signature Month/Day/Year

All new Adjuster applications can and should be processed online.

You may confirm the issuance of a license and print one free copy of the license by selecting LICENSE STATUS on our homepage www.nh.gov/insurance. NH does not mail paper licenses.

