



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation**

**INSURANCE DIVISION**

**1511 Pontiac Avenue, Bldg. 69-2**

**Cranston RI 02920**

**Telephone No. (401) 462-9520**

**[www.dbr.ri.gov](http://www.dbr.ri.gov)**

**FAX No. (401) 462-9602**

**INSURANCE CLAIM ADJUSTER INSTRUCTIONS & APPLICATION**

**REQUIREMENT CHECKLIST FOR ALL RHODE ISLAND RESIDENTS:**

*\*RI Residents **cannot** use reciprocity when applying for a license.*

- 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 NON-RESIDENT 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 NON-RESIDENT 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.

## **CLAIM ADJUSTER INSTRUCTIONS FOR CHECKLISTS:**

Questions with application process can be emailed to [leeann.desilets@dbr.ri.gov](mailto:leeann.desilets@dbr.ri.gov)

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](http://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](http://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 department's website. ([www.dbr.ri.gov](http://www.dbr.ri.gov) )

- **NY Residents (that do not hold a reciprocal license):** Follow the NY Fingerprinting Instructions to complete your background. This form is located under "Other Licensing Forms".

- **All Other Non-Residents (that do not hold a reciprocal license):** Obtain a criminal background report from the applicant's resident state. **OR** from an approved online vendor.

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:** All Resident applicants can apply online through [www.nipr.com](http://www.nipr.com) All Non-resident applicants that hold **any active state license** are also able to apply online through [www.nipr.com](http://www.nipr.com) Non-residents applying for a Rhode Island license as their initial license must use the paper application at this time.

**Individual Claim Adjuster License Application**

Check appropriate box for license requested.

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

<b>Lines of Authority:</b> <b>PLEASE CIRCLE LINE(S) REQUESTED.</b>	<b>Crop</b>	<b>Property/Casualty</b>	<b>Workers Compensation</b>
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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 <b>NOT REQUIRED FOR A CLAIM ADJUSTER LICENSE</b>		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
⑮ Home Phone Number ( ) -	⑯ Gender (Circle One) Male Female	⑰ 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)			
⑱ Business Entity Name					
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
㉕ Business Phone Number ( ) -	㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address		㉘ Business Web Site Address	
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City	㉜ State	㉝ Zip Code
㉞ 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**

㉞ 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	



**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)