

CATLOSS Form #0711

**Indiana Department of Insurance**  
**311 West Washington Street**  
**Indianapolis, IN 46204-2787**  
[www.in.gov/idoi](http://www.in.gov/idoi)  
[agentlicensing@idoi.in.gov](mailto:agentlicensing@idoi.in.gov)

**Insurer Name:** \_\_\_\_\_  
**Insurer FEIN:** \_\_\_\_\_

**CAT LOSS #:** \_\_\_\_\_  
**Date of CAT LOSS:** \_\_\_\_\_

**CATASTROPHIC UNLICENSED ADJUSTER REQUEST FORM**

In order to send unlicensed Adjusters into the State of Indiana to adjust the losses from a “declared” catastrophe situation, you must comply with the outlined provisions of Indiana Insurance Laws and Regulations. Indiana Code Section 27-1-28(11) permits unlicensed adjusters into Indiana.

**Adjusters who have complied with the following, shall be allowed in Indiana to adjust CAT LOSS claims:**

- **Insurer certifies the adjuster is qualified by passing any state insurance regulatory adjuster examination, or**
- **Insurer certifies the adjuster is employed by or contracted to act as a claims adjuster on behalf of insurer for a minimum of 5 years.**

| Name of Unlicensed Adjuster | Home State License Number | Qualified by Employment or Contract for Which Insurer? | Starting Date for CAT LOSS Claims Adjusting |
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY, BY SIGNING THIS FORM, I AM CERTIFYING THE ADJUSTERS LISTED HAVE MET THE QUALIFICATIONS INDICATED AND I AM AUTHORIZED TO SIGN THIS FORM ON BEHALF OF THE INSURER INDICATED ABOVE.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Street Address, City, State, ZIP: \_\_\_\_\_  
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