



**DEPARTMENT OF FINANCIAL SERVICES**  
**Division of Agent & Agency Services – Bureau of Licensing**  
**200 East Gaines Street, Larson Building Room 419**  
**Tallahassee, FL 32399-0319**

**DESIGNATION/DELETION OF PRIMARY ADJUSTER FOR ADJUSTING FIRM**  
**And FILING OF FIRM, CORPORATION, OR BUSINESS NAME CHANGE**

This form must be filed with the Department of Financial Services within 30 days of the adjusting firm inception or change of primary adjuster designation, pursuant to 626.8695, Florida Statutes. NOTE: If changes occur regarding item #5 on the REVERSE SIDE, SUCH CHANGES MUST BE FILED, USING THIS FORM, WITH the department within 30 days.

**NOTE: THIS FORM CANNOT BE USED AS A CHANGE OF ADDRESS FORM.**

1. Owner’s full name, license number, and resident address if not an incorporated agency or firm:

_____			
License Number			
_____			( ) -
Owner’s Name			Resident Telephone Number
_____	_____	_____	-
Resident Street Address	City	State	Zip Code

2. Business Name, Federal ID number, street address, and telephone number of the adjusting firm:

_____			
Federal ID Number			
_____			( ) -
Business Name			Business Telephone Number
_____	_____	_____	-
Business Street Address	City	State	Zip Code

3. Full name and license number of the individual who is the designated or deleted Primary Adjuster for the adjusting firm location given in section 2. (See instructions below)

Designate  Delete

_____	
License Number	
_____	
Name	

4. Are there additional business locations operating under the same business name given in section 2?  Yes  No.  
If "Yes" is marked, list the complete address for each of the additional locations. (Attach additional page if needed.)

Business Street Address	City	State	Zip Code
Business Street Address	City	State	Zip Code

5. Name and license number of the president, directors and other persons associated under the firm or corporate name listed in section 2 that are involved in adjusting or use of the business name:

License Number
Name

License Number
Name

License Number
Name

License Number
Name

I understand that if there is a change in the above information, that I must complete a new form and file it with the Department of Financial Services within thirty (30) days.

Signature of Primary Adjuster \_\_\_\_\_ Date \_\_\_\_\_

Filing for Calendar Year 20\_\_\_\_\_

**SPECIAL NOTE TO THE DESIGNATED PRIMARY ADJUSTER**

When an updated form is filed designating another primary adjuster, the previous designee will no longer be considered the current primary adjuster for that designated location. If you should leave the adjusting firm you will still be considered the primary adjuster until the adjusting firm files a new form. If you will no longer be working at the adjusting firm location as the designated primary adjuster, you are advised to submit this form with item numbers two and three completed and the appropriate delete box checked with your signature in the space provided. Failure to remove yourself as the primary adjuster may result in you continuing to be held responsible for the activities of the adjusting firm until a new designation is made.

**FAILURE TO FILE**

An adjusting firm location may not conduct the business of insurance unless a primary adjuster is designated at all times. Failure to designate a primary adjuster within thirty (30) days after the inception of the adjusting firm or when there is a change in the primary adjuster designation as required by Florida Statutes shall constitute grounds for requiring the adjusting firm to obtain an adjusting firm license in accordance with section 626.8696, Florida Statutes.

**INSTRUCTIONS FOR COMPLETING PRIMARY AGENT/PRIMARY ADJUSTER FORM**

To be completed by each operating an adjusting firm and for each location of multiple adjusting firm (See definitions of adjusting firm shown below).

Each location of an adjusting firm shall file the name firm address of the primary adjuster. The primary adjuster may be the same person listed in section 1. If the adjusting firm listed in section 3 is not a corporation, then use the social security number of the individual owner in place of the Federal ID (See definitions of primary adjuster shown below).

One form is required for each designation or deletion. The same form **CANNOT** be used for both. The signature of the primary adjuster is required for each adjusting firm location in order for the designation or deletion to be valid.

**DEFINITIONS**

Section 626.8695, (2)(b), Florida Statutes: An Adjusting Firm is a location where an independent or public adjuster is engaged in the business of insurance.

Section 626.8695, (2)(a), Florida Statutes: Primary Adjuster is the licensed adjuster who is responsible for the hiring and supervision of all individuals within an adjusting firm location who deal with the public and who acts in the capacity of a public adjuster or independent adjuster. Note: An adjuster may be designated as a primary adjuster for only one adjusting firm location.

***PLEASE RETURN THIS FORM TO:***  
Division of Agent & Agency Services  
Bureau of Investigation  
200 East Gaines Street  
Larson Building, Tallahassee, FL 32399-0320  
(850) 413-3136