



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agent & Agency Services

200 East Gaines Street

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 WILL NOT UPDATE THE ADDRESS OF ANY INDIVIDUAL ADJUSTER; IT ONLY UPDATES THE ADDRESS OF THE NAMED ADJUSTING FIRM.

1. Owner's full name, Florida License Number, and resident addresses if not an incorporated agency or firm:

_____		_____	
Florida License Number		Owner's Email Address	
_____		_____	
Owner's Name		Resident Telephone Number	
_____		_____	
Resident Street Address	City	State	Zip Code

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

_____		_____	
Federal ID Number		Adjusting Firm's Email Address	
_____		_____	
Business Name		Business Telephone Number	
_____		_____	
Business Street Address	City	State	Zip Code

3. Full name, email address, and Florida 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

_____		_____	
Florida License Number		Primary Adjuster's Email Address	

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 Florida 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:

Florida License Number	
Name	Email Address

Florida License Number	
Name	Email Address

Florida License Number	
Name	Email Address

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

THIS FORM MAY BE FILED BY:

Email: Adjusters@MyFloridaCFO.com

Mail: Division of Insurance Agent & Agency Services ♦ Bureau of Investigation
 200 East Gaines Street ♦ Larson Building #412 ♦ Tallahassee, FL 32399-0320

Fax: (850) 488-5951

INSTRUCTIONS – Do NOT send this page

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.

INSTRUCTIONS FOR COMPLETING PRIMARY AGENT/PRIMARY ADJUSTER FORM

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

Each business location established by an adjuster, an adjusting firm, a corporation, or an association must designate with the department a primary adjuster who is licensed and appointed to adjust the insurance claims adjusted by the business location. The primary adjuster may be the same person listed in section 1. If the adjusting firm listed in section 2 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(3), Florida Statutes: Primary Adjuster is the licensed adjuster who is responsible for the supervision of all individuals within an adjusting firm location who act in the capacity of an adjuster. Note: An adjuster may be designated as a primary adjuster for more than only one adjusting firm location provided no person engages in activity requiring licensure as an adjuster at any location when an adjuster is not physically present.

Section 626.8695(4), Florida Statutes: An Adjusting Firm is a location where an independent or public adjuster is engaged in the business of insurance.

Privacy Statement

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.