

This form may be used to register emergency adjusters who will be employed by an insurer in the state of Alabama. **This form is not an application for a permanent adjuster license.**

Instructions

- *When registering multiple emergency adjusters, please use Form AL-EAD-2 in conjunction with this form.*
- *Form(s) should be completed by the appointing insurer, and Form AL-EAD-1 must be signed by an authorized company official. (usually the same individual who handles producer appointments)*
- *All questions must be answered.*

Note: If the adjuster currently holds an Alabama Resident or Non-Resident Adjuster's License, it is not necessary to complete this form.

INSURER INFORMATION

Name of Insurer:

Physical Address:

_____ (Street) _____ (City) _____ (State) _____ (Zip)

NAIC #: _____ Insurer Contact Person: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

ADJUSTER INFORMATION

Name of Adjuster: _____, _____ (Last) (First) (MI)

Drivers License #: _____ Resident State: _____

Date of Birth: ____/____/____ Social Security #: _____-____-____

Home Address:

_____ (Street) _____ (City) _____ (State) _____ (Zip)

Home Phone: (____) _____ Bus. Phone: (____) _____ Cell: (____) _____

E-Mail Address: _____

Is Adjuster Licensed in Resident State? Yes _____ No _____ (If no, attach explanation)

The above named insurer hereby appoints the individual(s) named on Form AL-EAD-1 and Form AL-EAD-2 as an emergency adjuster to adjust natural disaster insurance claims on its behalf. The above named insurer further certifies that it has depleted its source of licensed resident/non-resident adjusters for handling disaster claims in the state of Alabama.

Date of Appointment(s): _____

Signature of Authorized Company Official: _____

Storm Name: _____

*Emergency adjuster(s) named on form(s) will be provided with either a **Disaster Emergency Adjuster Pass** which will allow them entry into areas affected by the catastrophe or a **Disaster Emergency Adjuster Access Pass** which will allow them access to areas restricted by law enforcement.*

Will adjuster(s) need access passes to areas restricted by law enforcement? Yes _____ No _____

The department will mail passes overnight at the company's expense, or they may be picked up at a staging site to be posted on our website (www.aldoi.gov) at time of catastrophe.

Please indicate preference:

Notary

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

For faster processing, please fax form(s) to:
(334) 240-3282

And mail original(s) to:

State of Alabama Department of Insurance
Producer Licensing Division
P. O. Box 303351
Montgomery, AL 36130-3351