

NEW MEXICO PUBLIC REGULATION COMMISSION
INSURANCE DIVISION
AGENTS LICENSING SECTION
PO BOX 1269
SANTA FE, NEW MEXICO 87504-1269
(505) 827-4551

EXPRESS MAIL ADDRESS
1120 PASEO DE PERALTA
PERA BUILDING, ROOM 434
SANTA FE, NEW MEXICO 87501

INSTRUCTIONS FOR REQUESTING ADJUSTER LICENSE

1. **Complete application forms 208 and 208-A**
2. **Nonresident Independent adjuster applicants are required to attach a home state certification issued by their state Insurance Commissioner. Home state certifications are valid for (90) days from date of issuance.**
3. If the applicants state of domicile does not license adjusters a statement from the Insurance Commissioner, or a copy of the state statutes must be attached.
4. **Persons who intend to qualify as an Independent Adjuster are required to file a Surety Bond in the amount of \$10,000.00.** Adjusting Firms may file either Individual Surety Bonds or Master Schedule Bond.
5. A company official, an authorized representative of the adjusting firm, Independent applicant, or sponsoring adjuster must complete the Adjuster's Appointment Form 208-A.
6. Personal checks are accepted, fees can also be paid with a company check, money order, or cashier check. **Applications and checks received older than 6 months will not be accepted and will be returned for re-issuance.**
7. **License fees are \$30.00.**
8. **Duplicate license**, and name change complete from 208-A and a \$30.00 fee. Name changes require legal documentation.
9. **Address change** requires completed form 208-A, no fee required.

NOTE: License issued will expire April 30th. **Notice of Continuation will be mailed to sponsor the first week in March annually.**

ALL APPLICATIONS SUBMITTED INCOMPLETE OR INCORRECT WILL BE RETURNED FOR PROPER CORRECTIONS.

NMSA Section 59A-13-4 (4) except as to temporary license provided for under Section 234 of this article, has had at least one year's experience or special education or training in handling of losses or claims under insurance contracts, such experience, education and training to be of such nature and extent as to demonstrate applicant's competence to fulfill the responsibilities of an adjuster.

IMPORTANT NOTICE

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than 10 years, or both, pursuant to 18 USC 1034 (1997).

**NEW MEXICO PUBLIC REGULATION COMMISSION
INSURANCE DIVISION
AGENTS LICENSING SECTION
INDIVIDUAL ADJUSTER LICENSE APPLICATION**

☐ **Staff Adjuster**

☐ **Independent Adjuster**

1. PERSONAL

- a. Full Name _____
Last First Middle Social Security #
- b. Business Address _____
Street or PO Box No. City State Zip Code Telephone
- c. Resident Address _____
Street or PO Box No. City State Zip Code Telephone
- d. Male ☐ Female ☐ Age _____ Date of Birth _____ Place of Birth _____
- e. Principal place of business with in the State of New Mexico is required when adjusting Workers Compensation claims:

Street or PO Box No. City State Zip Code Telephone Number

2. SPECIAL EDUCATION OR TRAINING

List the insurance adjusting courses applicant has completed or in which applicant is presently enrolled:

| Dates | College or University Training Courses | Dates | Company Training Courses |
|-------|--|-------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. BUSINESS EXPERIENCE

List all the different positions applicant has held during the last five years, beginning with most recent position.

| Year | Name of Employer | Position Held | Address |
|------|------------------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4. REGISTRATION WITH OTHER STATES

List the different states in which applicant has been licensed as an adjuster for the last five years beginning with last license prior to making application to the New Mexico Division of Insurance:

| Year | Name of State | Year | Name of State |
|------|---------------|------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

5. GENERAL INFORMATION

Have you been requested to appear before any State Regulatory Agency Official within the past 10 years in connection with your conduct as an Insurance Adjuster?

ACCEPTANCE OF NEW MEXICO LAWS

If you are granted a license to act as an Insurance Adjuster, do you agree that you will abide by the provisions of the New Mexico Statutes? _____

Signature of Individual Applicant

NOTARY

STATE OF _____)

COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public, by _____
on this day of _____, 20_____.

Notary Public Signature

My commission expires:

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87501

NOTICE OF ADJUSTER APPOINTMENT

[] INITIAL APPLICATION [] ADDRESS CHANGE [] DUP. LICENSE

COMPLETE ONE OF THE FOLLOWING THREE BOXES:

1) STAFF ADJUSTER []

NAME OF INSURANCE COMPANY COMPANY CODE
ADDRESS CITY STATE ZIP CODE

2) INDEPENDENT ADJUSTER []

FIRM NAME FEDERAL ID # FOR (INDEP. ADJUSTER ONLY)
ADDRESS CITY STATE ZIP CODE

3) TEMPORARY LICENSE []

SPONSORING ADJUSTER NAME SOCIAL SECURITY NUMBER
ADDRESS CITY STATE ZIP CODE

Hereby certifies that:

- (1) The person named below is receiving training and/or has had _____ years experience as an insurance adjuster, and
(2) Effective from this date until a notice of termination of appointment has been filed with the Superintendent, the said person is employed by and authorized to act as an adjuster.

NAME SOCIAL SECURITY NUMBER

BUSINESS ADDRESS CITY STATE ZIP CODE

CERTIFICATION OF ADJUSTING INSURANCE COMPANY, CORPORATION, FIRM, IND. ADJUSTER, OR
SPONSORING AGENT

It is hereby declared that the named person has been employed to act as a representative in the State of New Mexico, and accordingly, certifies that:
The applicant has been thoroughly investigated and is known to have a good business reputation and worthy of a license.

1) STAFF/COMPANY OFFICIAL SIGNATURE

2) INDEPENDENT/FIRM OFFICIAL SIGNATURE

3) SPONSORING ADJUSTER SIGNATURE TELEPHONE NUMBER

NOTARY

STATE OF _____)
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public, by
_____, on this the _____ day of _____, 20 ____.

Notary Public Signature

My commission expires: _____

ADJUSTER LICENSE FEE \$30.00

- () STAFF ADJUSTER
(Applicant is duly bonded
by the Insurance Company)
() INDEPENDENT ADJUSTER
(Independent Adjuster's Bond
in the amount of \$10,000)

FOR DEPARTMENT
USE ONLY

BOND NUMBER

BOND CO. # ISSUE DATE

LICENSE NUMBER

DATE ISSUED

DATE MAILED

BY

59A-11-8 NMSA 1978, ALL FEES ARE
DEEMED EARNED WHEN PAID AND
SHALL NOT BE REFUNDABLE.
MAKE ALL CHECKS PAYABLE TO:
NEW MEXICO INSURANCE DIVISION

(I) ANNUAL LICENSE
ACCOUNT #56 _____
CHECK NUMBER _____

CHECK DATE _____

CHECK AMOUNT _____

APPLICATION AMOUNT
\$ _____

**INSURANCE DIVISION
AGENTS LICENSING SECTION
INDEPENDENT ADJUSTER SURETY BOND**

Bond Number

KNOW ALL MEN BY THESE PRESENTS, That (I), _____

Social Security No. _____ as Principal, having an office at _____

in the State of New Mexico and _____ a Corporation organized

under the laws of the State of _____ and duly authorized to conduct surety insurance business in the State of New Mexico (as Surety), are held and firmly bound unto the State of New Mexico (hereinafter called the Obligee) in the penal sum of Ten Thousand Dollars (\$10,000.00) to be paid to the Obligee for the benefit of any person or persons who may have a cause of action against said Principal, or Surety, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally.

The condition of this obligation is such that if the Principal is granted a license as an adjuster and complies with the provisions of the New Mexico Insurance Code pertaining to insurance adjusters, then this obligation is to be null and void; otherwise, it shall remain in full force and effect, subject to the following express conditions:

1. The total aggregate liability of this bond is limited to the sum of Ten Thousand Dollars (\$10,000.00).
2. This bond shall continue in force and effect for the duration of the license unless the Surety shall serve thirty (30) days written certified notice to the Obligee of its right to terminate this bond. Such cancellation by the Surety is effective thirty (30) days after mailing written certified notice of cancellation to the Obligee.

The effective date of this Bond shall be _____

(Principal)

(Surety)

By: _____

(Attorney-in-Fact)

(Attach power of attorney to bond)

BOND ACKNOWLEDGEMENT FORM

Acknowledgement of Principal

STATE OF NEW MEXICO
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____,

By _____ on behalf of _____
(Name of Attorney-in-Fact) (Name of Principal)

My Commission Expires: _____

NOTARY PUBLIC

ACKNOWLEDEMENT AND JUSTIFICATION OF SURETY

The foregoing instrument was acknowledged before me this _____ day of _____, _____,

By _____ as Attorney in Fact on behalf of _____
(Name of Individual)

Bond forms change; this is for educational purposes only
_____ as a Surety.
(Name of Corporation)

NOTARY PUBLIC

My Commission Expires: _____

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT: _____
AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail: _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? _____
DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME: _____
SS#: _____ SPOUSE SS#: _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
ADDITIONAL OWNERS / PARTNERS
OWNER'S NAME: _____ SPOUSE NAME: _____
SS#: _____ SPOUSE SS#: _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

| ASSETS | | LIABILITIES | |
|------------------------------|----|----------------------------------|-------------------------|
| CASH IN BANK | \$ | NOTES PAYABLE TO BANKS | \$ |
| CASH ON HAND | \$ | NOTES PAYABLE TO OTHERS | \$ |
| STOCKS & BONDS | \$ | ACCOUNTS PAYABLE | \$ |
| ACCOUNTS RECEIVABLE | \$ | FEDERAL & STATE INCOME TAX DUE | \$ |
| NOTES RECEIVABLE | \$ | ALL OTHER TAXES | \$ |
| INVENTORY | \$ | ACCRUALS, PAYROLLS, ETC. | \$ |
| CASH VALUE OF LIFE INSURANCE | \$ | DUE ON EQUIPMENT | \$ |
| EQUIPMENT | \$ | DUE ON REAL ESTATE | \$ |
| REAL ESTATE | \$ | OTHER LIABILITIES | \$ |
| OTHER ASSETS | \$ | CAPITAL STOCK (IF A CORPORATION) | \$ |
| | | SURPLUS & UNDIVIDED PROFITS | \$ |
| | | | |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |
| | | NET WORTH | \$ |
| NAME OF OWNERS | | NAME & TITLE OF OFFICERS | PERCENTAGE OF OWNERSHIP |
| | | | |
| | | | |

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc
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