



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1 COMMERCE WAY, SUITE 104
LITTLE ROCK, AR 72202
PHONE: 501-371-2750; FAX: 501-683-2604**

WEBSITE: <https://insurance.arkansas.gov/pages/industry-regulation/licensing/>

ARKANSAS ADJUSTER AFFIDAVIT

TO BE COMPLETED BY SUPERVISING ADJUSTER, COMPANY REPRESENTATIVE, OR ADJUSTING FIRM

I hereby certify that I have investigated the character and record of the Applicant as to the trustworthiness and general qualifications; have examined the answers in this Application, and that I endorse said Application for an Adjuster License. Acting as the supervising adjuster, I will directly supervise and review all claims processing of this individual for 1 full year and I will provide notice to the Arkansas Insurance Department if the applicant fails to remain under my supervision for 1 full year of adjusting claims. I further certify that the applicant will adjust only those lines of insurance for which he is licensed, to wit and such adjustment will be carried out under the careful supervision.

Property Casualty Workers Compensation

My investigation has consisted of _____

Signature of Supervising Adjuster

Printed Name

Date Signed

Arkansas License Number of Supervision Adjuster _____

I have one years experience of processing claims and the apprentice program of one years supervised licensure does not apply to me.

Signature of Applicant

Date Signed