

State of Wyoming Department of Insurance  
Registration for Emergency Adjusters

Pursuant to Wyo. Stat. § 26-9-219(c), a Wyoming adjuster's license is required unless the loss is of an unusual, uncommon or unique nature requiring special expertise or knowledge not readily available among adjusters licensed in this state, or for the adjustment of a series of losses resulting from a catastrophe common to those losses. This form may be used to register emergency adjusters who will be employed by an insurer in the state of Wyoming for a time frame of 90 days. This form is not an application for a permanent adjuster license.

Instructions

- When registering multiple emergency adjusters, please use an excel spreadsheet in conjunction with this registration.
- Registration should be completed by the appointing insurer, and registration 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 a Wyoming Resident or Wyoming Non-Resident Adjuster's License, it is not necessary to complete this form.

Date of Catastrophic Event(s) : \_\_\_\_\_  
Estimated number of losses due to Storm Date: \_\_\_\_\_  
Catastrophic Event County and City Location: \_\_\_\_\_  
Nature of Catastrophic Events \_\_\_\_\_

INSURER INFORMATION

Name of Insurer: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
NAIC #: \_\_\_\_\_ Insurer Contact Person: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Signature of Authorized Company Official: \_\_\_\_\_  
Printed Name of Authorized Company Official \_\_\_\_\_  
Direct Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

The above named insurer hereby appoints the individual(s) named on the registration and attachment 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 Wyoming.

ADJUSTER INFORMATION

Please attach an excel spreadsheet with the following information and in the order as described:

Last Name	First Name	SSN#	Date of Birth	Business Phone	Cell Number	Email Address	Resident License
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Email registration and excel spreadsheet to [insurancelicensing@wyo.gov](mailto:insurancelicensing@wyo.gov)

For questions contact the licensing division at 307-777-7319