



**GOBIERNO DE PUERTO RICO**  
**Oficina del Comisionado de Seguros**

APPLICATION FOR SPECIAL PERMIT FOR EMERGENCY ADJUSTER

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Citizen: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_

Driver's Licensee Number: \_\_\_\_\_ State/Country: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- How many years of experience you have on catastrophic claims or insurance claims?  
 \_\_\_\_\_
- On which Jurisdictions you have worked as an emergency adjuster?  
 \_\_\_\_\_

Type and risk:

- Independent       Public
- Marine and Transportation, fire and aligned lines
- All the risk

Do you have any insurance license? Yes \_\_\_ No \_\_\_

What kind of insurance license you have? \_\_\_\_\_

Jurisdiction of your insurance license: \_\_\_\_\_ License number: \_\_\_\_\_

Address from which you will be working: \_\_\_\_\_

Did you have any prior license or special permit for adjuster? Yes \_\_\_ No \_\_\_

If your answer is yes, from what year? \_\_\_\_\_

Have you ever had your insurance adjuster license or any other professional license suspended or revoked in Puerto Rico or in any other jurisdiction? Yes \_\_\_ No \_\_\_

Insurer or Person who will hire you in Puerto Rico \_\_\_\_\_

**Only for Emergency Corporate Adjusters**

Person who will act in name of the Corporation

Social Security Number

\_\_\_\_\_

Name of the corporation of emergency adjusters for which you will work, if applies: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_



SWORN STATEMENT

Comes now, \_\_\_\_\_, of legal age, \_\_\_\_\_ (status),  
\_\_\_\_\_ (profession), and resident of \_\_\_\_\_, and being under oath,  
hereby state that:

I am of the above stated personal circumstances.

I have read the content of this application, and that all the information in it is true and certain, and it is known by me by own and proper knowledge.

I authorize the Office of the Commissioner of Insurance of Puerto Rico to realize any investigation that may be pertinent to corroborate the veracity of the facts contained on this application.

I am aware that omitting or falseness of any fact included on this application, could be sufficient cause to cancel, suspend, revoke, no-issue or no-renewal of this special permit solicited, in addition that could be prosecuted of felony by the authorities.

In witness, whereof, I sign this statement under oath in \_\_\_\_\_, Puerto Rico, on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Applicant Signature**

AFFIDAVIT NUMBER.: \_\_\_\_\_

Sworn and subscribed before me, \_\_\_\_\_, of the above referenced legal circumstances, whom I personally know or have identified by \_\_\_\_\_  
\_\_\_\_\_.

In Puerto Rico, on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**PLEASE ATTACH WITH THIS APPLICATION THE FOLLOWING:**

1. Certificate check or money order to the Secretary of Treasury for \$250.00
2. Certification of "good standing" and copy of your insurance licensee from your domicile state if is applicable.
3. Copy of your driver licensee from your domicile state.
4. Resume or curriculum vitae.