Modified Licensing Process Attestation

The Iowa Insurance Division is permitting a modified licensing process to allow for the initial implementation of licensure for independent adjusters, staff adjusters, appraisers and umpires following the passage of SF 619 and the issuance of Bulletin 25-04.

Note: Missing or incomplete information will delay licensing.

Applicant Full Name:_____
Residential Address: _____
Personal Phone: _____
County of Residence: _____
State of Residence: _____
Business Name: _____
Business Mailing Address: _____
Business Email Address: _____
Business Phone: _____
Areas of Training or Expertise: _____
_____

I am applying for the following:
☐ Independent adjuster ☐ Staff adjuster ☐ Appraiser ☐ Umpire

Please provide information for any of the following that apply and sign to attest to the accuracy of the information. If needed, you may attach additional pages - please sign them to attest to the accuracy of the information.

ATTESTATION TO INDEPENDENT ADJUSTER OR STAFF ADJUSTER EXPERIENCE

To be eligible for licensure under this modified licensing process, an individual shall:

a. Have been working as an independent adjuster or staff adjuster prior to January 1, 2025 in any state.
b. Have the requisite character and competence to be licensed as an adjuster.
c. List the following employment details related to qualifying experience for verification purposes.

Dates of License or Employment	Type of License or Employer Name	Licensure State or Employer Address	Describe the Qualifying Experience	Employer Phone	Employer Email Address

Signature _____ **Date** _____

ATTESTATION TO APPRAISER EXPERIENCE

To be eligible for licensure under this modified licensing process, a person shall meet **all** of the following criteria:

a. Have experience or training in building construction, repair, or estimating property damage.
b. Unless waived by the Commissioner based on the person's other professional qualifications, have a minimum of three (3) years' experience as any of the following:
   (1) A professional engineer licensed under chapter 542B or similarly licensed in another state.
   (2) An architect licensed under chapter 544A or similarly licensed in another state.
   (3) An adjuster licensed under chapter 522C or similarly licensed in another state.
   (4) A residential contractor as defined in section 103A.71.
   (5) A contractor registered under chapter 91C or similarly registered in another state.
c. Have the requisite character and competence to be licensed as an appraiser.
d. List licensure and/or employment details related to qualifying experience for verification purposes.

Dates of License or Employment	Type of License or Employer Name	Licensure State or Employer Address	Describe the Qualifying Experience	Employer Phone	Employer Email Address

Signature _____ **Date** _____

ATTESTATION TO UMPIRE EXPERIENCE

To be eligible for licensure under this modified licensing process, an individual shall meet **all** of the following criteria:

a. Unless waived by the Commissioner based on the person's other professional qualifications, have a minimum of three (3) years' experience as any of the following:
   (1) A professional engineer licensed under chapter 542B or similarly licensed in another state.
   (2) An architect licensed under chapter 544A or similarly licensed in another state.
   (3) An adjuster licensed under chapter 522C or similarly licensed in another state.
   (4) Appraiser.
   (5) Attorney.
   (6) Insurance regulator.
b. Have the requisite character and competence to be licensed as an umpire.
c. List licensure and/or employment details related to qualifying experience for verification purposes.

Dates of License or Employment	Type of License or Employer Name	Licensure State or Employer Address	Describe the Qualifying Experience	Employer Phone	Employer Email Address

Signature _____ **Date** _____

You will need to also complete the following applicable application:
Individual Independent Adjuster License Application
Individual Staff Adjuster License Application
Individual Appraiser License Application
Individual Umpire License Application
Adjuster and Appraiser Business Entity Application

I have previously completed a criminal history check with Iowa or another state for a producer or adjuster license: ☐ Yes ☐ No If yes, state in which completed:_____

I have read and understood SF 619 and all other Iowa laws related to adjusting, appraising, and/or umpiring as necessary to fulfill the duties of the license(s) I am requesting through this modified licensing process. I am aware and understand that I will be subject to penalties under Iowa law if I provide false information on this document. I attest that:

☐ I personally completed this application and it is accurate and complete.

☐ Someone else completed this application on my behalf but I reviewed it prior to submission for accuracy and completeness of the answers.

Signature _____ **Date** _____

This form must be uploaded as part of your online application. Any questions may be directed to producer.licensing@iid.iowa.gov or 515-654-6565.