

Attestation of Financial Responsibility - Individual Adjuster

The Iowa Insurance Division interprets Iowa Code § 522C.7 to permit an adjuster or adjuster business entity to demonstrate financial responsibility through a Surety Bond, Professional Liability/Errors & Omission (E&O) Insurance Coverage, or an Irrevocable Letter of Credit.

I understand that in lieu of a surety bond, an adjuster who is employed by a licensed business entity, may be covered under the business entity's form of financial responsibility. I understand that I must provide necessary documentation for the bond, insurance policy or irrevocable letter of credit in place upon request by the Division. I understand that I must notify the Division and provide appropriate documents necessary as a result of any changes within 10 days of the change.

I attest that one of the following is true:

I am employed by the business entity listed below and that I am covered by their bond, insurance policy, or irrevocable letter of credit previously accepted by the Division to meet the business entity's financial responsibility requirements or;

I am covered by a surety bond for personal use, an insurance policy, or an irrevocable letter of credit to meet the requirements as outlined in Bulletin 25-08. I understand that if my bond, policy or irrevocable letter of credit changes

I have read and understand SF 619 and all other applicable Iowa laws related to adjuster financial responsibility. I am aware and understand that I will be subject to penalties under Iowa law if I provide false information on this document.

Business Entity Name

Name of Surety/Insurance Company or Bank

Bond/Policy Number (if applicable)

_____ to _____
Effective Date

Name of Adjuster

Name of Authorized Entity Representative

Signature of Adjuster

Signature of Authorized Entity Representative

Date

Date

Note: Signatures must be a wet signature or in a secured format such as DocuSign.