

Attestation of Financial Responsibility – Business Entity Adjuster

Iowa Code § 522C.7 permits 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 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 notify the Division if any covered adjuster is no longer employed by this business entity within 10 business days of the change. 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 coverage changes within 10 business days of the change.

I have read and understand Iowa code 522C and all other 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. If applicable, I attest that I am authorized to submit this information on behalf of the business entity requesting licensure.

Business Entity Name

Name of Surety/Insurance Company or Bank

Bond/Policy Number (if applicable)

_____ to _____
Effective Date

Name of Authorized Individual

Signature of Authorized Individual

Date

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