CATASTROPHE OR EMERGENCY CLAIMS ADJUSTER REGISTRATION FORM

Submit this form along with your check made payable to the Louisiana Department of Insurance.

Insurer Name:

NAIC Number:

Contact Name:

Contact Address:

Contact Phone Number:

DOI Catastrophe/Emergency Number:

Adjuster Name	Adjuster Address	Adjuster Phone Number	$25.00 fee per Adjuster
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			