



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CHANGE OF PUBLIC ADJUSTER STATUS

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE (573) 751-3518
 FAX: (573) 526-3416
 LICENSING@INSURANCE.MO.GOV

INSTRUCTIONS
 PLEASE TYPE OR PRINT IN INK.
 Verify and print your license at <http://insurance.mo.gov/agents/>

LICENSE NUMBER	PUBLIC ADJUSTER NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	

CHANGE NAME TO (Proper papers from Missouri Secretary of State's Office must accompany this change if other than individual.)

INDICATE NEW STRUCTURE (Check one if other than individual.)

<input type="checkbox"/> INDIVIDUALLY OWNED	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> UNINCORPORATED ASSOCIATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

CHANGE OF ADDRESS (Notification required within 30 days of change.)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER
NEW BUSINESS ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

CHANGE OF OWNERS, OFFICERS OR DIRECTORS

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, Social Security Number, title and residence address.

CHANGES OF LICENSED PUBLIC ADJUSTERS AND/OR PUBLIC ADJUSTER SOLICITORS (Employed by you.)

CHECK ONE		CHECK ONE		NAME	LICENSE NUMBER	EFFECTIVE DATE		
ADD	DELETE	PA	PS			MO.	DAY	YEAR

AUTHORIZED SIGNATURE ▶	DATE
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