

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Designated Home State Form (DHS)

Non-Residents claiming DHS:

Connecticut issues Non-Resident DHS status to an individual who resides in a state without Adjuster licensing after passing the CT Adjuster exam.

Complete this form if you are requesting CT DHS <u>or</u> changing your current DHS status to another state, and email to: <u>cid.licensing@ct.gov.</u>

CASUALTY ADJUSTER	LINES OF AUTHORITY (Select your	license type)	
ALL LINES	ALL LINES EXCEPT WC	WC ONLY	AUTO ONLY
Individual's First and L	ast Name:		
National Producer Nun	nber (NPN):		
Your Resident State:		_(State)	
Your Current DHS State (if applicable):		_ (State)	
Your New DHS State ((if applicable):	(State)	
Does your resident state issue Adjuster licensing?		YES	NO
Have you ever taken and passed the CT Adjuster exam?		YES	NO
If your resident state de applicable):	oes issue Adjuster licensing, please ex	plain why you are request	ting CT DHS (if
Signature:		Date:	
Submitter:		<u></u>	
Email:		Phone:	