

Kentucky Insurance Arbitration Association

Claims Experience Summary

Name: First Initial Last

Company Company Address City State Zip

Phone Number: _____ Email Address: _____

Are you licensed as a Claims Adjuster in Kentucky Yes ___ No ___ License: _____

How many years have you held an active Kentucky adjusters license? _____

Indicate highest level of education and degree, if any: _____

Legal training or degree: Yes: _____ No: _____ Degree: _____

Number of years in Property and Casualty Insurance: _____ # Years in claims: _____

Position held with present Employer: _____

Number of years with Present Employer: _____

Please let us know the number of years' experience you have in the following areas. Remember, we require a minimum of 3 years of Kentucky adjusting experience for consideration.

KY PIP Adjusting experience or knowledge: _____.

KY Casualty adjusting experience: _____.

List chronologically past positions held, years worked and name of employer:
