

## Indiana Department of Insurance

December 6, 2023

Bulletin 272

### **PUBLIC ADJUSTER CONTRACTS**

This bulletin is directed towards all public adjusters holding a certificate of authority to act as a public adjuster in the state of Indiana pursuant to IC 27-1-27. The purpose of this bulletin is to clarify the new contract form review and approval process under Public Law 226-2023 (HEA 1329).

The Indiana General Assembly passed Pub. L. 226-2023 during the 2023 Legislative Session. Effective July 1, 2023, a contract between a public adjuster and an insured (1) must be in writing; and (2) must be prepared on a form filed with and approved by the insurance commissioner; and (3) must be executed in duplicate pursuant to IC 27-1-27-13(b). Additional requirements regarding disclosures and contract provisions are described in IC 27-1-27.

In order to comply with these new requirements, public adjusters are required to file all contract forms with the Department for review and approval prior to use. Public adjusters must submit the below completed checklist along with a contract form. When completing the checklist, the public adjuster is expected to address each checklist item and provide the specific location(s) in the document addressing the requirement. Any public adjuster using a contract form not filed with and approved by the Department will be in violation of IC 27-1-27-13.

#### **New contracts in effect as of July 1, 2023 and before issuance date of Bulletin 272**

New public adjuster contract forms in use as of July 1, 2023 and before the issuance date of Bulletin 272 are required to be filed with and approved by the Department by January 30, 2024. The Department shall have thirty (30) days from the date the contract form was received to review and approve these contracts. Contracts already in effect prior to July 1, 2023, are not subject to review and approval by the Department.

#### **Contracts in effect after issuance date of Bulletin 272**

Public adjuster contract forms to be used after the issuance date of this bulletin are required to be filed with and approved by the Department prior to use. The Department shall have thirty (30) days to review and approve these contract forms.

Please submit public adjuster contract forms and checklists for Department review to [PublicAdjusterContracts@idoi.in.gov](mailto:PublicAdjusterContracts@idoi.in.gov).

Questions regarding this bulletin should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

INDIANA DEPARTMENT OF INSURANCE

A handwritten signature in blue ink that reads "Amy L. Beard". The signature is written in a cursive style and is positioned above a thin horizontal line.

Amy L. Beard  
Insurance Commissioner

**Indiana Department of Insurance  
Public Adjuster Contract Checklist**

This checklist must be submitted along with any Public Adjuster contracts.

**Please attach this completed checklist as a PDF to your contract submission.**

**Public Adjuster** \_\_\_\_\_ **License Number** \_\_\_\_\_

**Insured** \_\_\_\_\_ **Filing Date** \_\_\_\_\_

**Instructions:**

This document is intended to provide a checklist for public adjuster contracts required to be filed with and approved by the Indiana Department of Insurance under IC 27-1-27-13. The checklist contains specific requirements or provisions to be included in the contract. When providing the completed checklist, the public adjuster is expected to address **each** checklist line item in the column labeled “Response” and provide the specific location(s) in the document which address the requirement.

All checklist line items require a response. **Failure to provide a fully completed checklist may result in a delay of regulatory approval.**

Statute	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
<b>A. Required Provisions</b>			
IC 27-1-27-16(a)(1)	The legible full name of the public adjuster entering into the contract, as specified in the records of the department.		
IC 27-1-27-16(a)(2)	The permanent home state business address, electronic mail address, and phone number of the public adjuster.		
IC 27-1-27-16(a)(3)	The number of the certificate of authority issued to the public adjuster.		
IC 27-1-27-16(a)(4)	The title “Public Adjuster Contract” printed prominently at the top of the first page of the contract.		
IC 27-1-27-16(a)(5)(A)	The full name and street address of the insured.		

IC 27-1-27-16(a)(5)(B)	The name of the insurance company by which the insured is covered and the policy number of the policy under which the insured is covered, if known.		
IC 27-1-27-16(a)(6)	A description of the loss and the location of the loss, if applicable.		
IC 27-1-27-16(a)(7)	A description of services to be provided by the public adjuster to the insured under the contract.		
IC 27-1-27-16(a)(8)(A)	The signature of the public adjuster or the public adjuster's representative.		
IC 27-1-27-16(a)(8)(B)	The signature of the insured.		
IC 27-1-27-16(a)(9)	The date and time when the contract was signed by the public adjuster and the date and time when the contract was signed by the insured.		
IC 27-1-27-16(a)(10)	Attestation language stating that the public adjuster is fully bonded under Indiana law.		
IC 27-1-27-16(a)(11)	A statement of the full salary, fee, commission, or other consideration the public adjuster is to receive for services to be provided under the contract.		
IC 27-1-27-16(c)	The exact percentage of the total amount paid by the insurer that is the public adjuster's share, if the public adjuster's compensation under the contract is to be based on a share of the total amount paid by the insurer to resolve the claim		
IC 27-1-27-16(d)(1)	The public adjuster's expenses that are to be reimbursed, setting forth each type of expense to be reimbursed and dollar estimates of the amount to be reimbursed, if the public adjuster's expenses are to be reimbursed from proceeds of the claim payment		
IC 27-1-27-16(d)(2)	A statement the public adjuster will not be reimbursed for any expenses other than those specified in		

	subdivision (1) unless those expenses are first approved by the insured		
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**By signing below, I am certifying that the public adjuster contract submitted with this checklist meets all of the applicable requirements of Indiana law. I understand and acknowledge that the Indiana Department of Insurance is relying on this certification in making its determination whether to approve this public adjuster contract. If any provision of this public adjuster contract is not in compliance with Indiana law, the Indiana Department of Insurance may take regulatory action.**

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**License Number** \_\_\_\_\_

**Date** \_\_\_\_\_