



# Nevada Division of Insurance

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## Request for Exemption from Prelicensing Education for Applicants for Adjuster Licenses for Workers' Compensation

**Notice:** This exemption is temporarily available to implement provisions of NRS 684A as amended by Assembly Bill 12 (2017). This exemption is being permitted due to a lack of relevant prelicensing courses being submitted and approved by the Division for workers' compensation claims adjustment and the requirement that individuals become licensed by December 31, 2018. Once prelicensing courses are available for the workers' compensation line of authority, this exemption will no longer be available. To qualify for an exemption, an individual must have 5 years of current experience with adjusting workers' compensation claims or hold a valid designation relevant to workers' compensation.

**Instructions:** To apply for this exemption, complete this form by selecting one of the two exemptions and submit this form with the required documentation to the Division with your application. If you applied electronically, upload this form and the required documentation with your application.

**Applicant Name** (as it appears on the application): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Exemption 1:**

For 5 years of the past 8 years, I have been employed by an insurer or a third party administrator (TPA) and have been actively involved in investigating, negotiating or settling workers' compensation claims.

*Include a letter from the employer verifying dates of employment and involvement in investigating, negotiating or settling workers' compensation claims.*

### **Exemption 2:**

I hold and continue to maintain a designation that relates to investigating, negotiating or settling workers' compensation claims.

Examples of designations/certifications:

- Associate in risk management (ARM)
- Associate in claims (AIC)
- Certified insurance counselor (CIC)
- Certified Professional in Fraud Identification (CPFI)
- Chartered property casualty underwriter (CPCU)

Name of Designation/Certification: \_\_\_\_\_

*Include a copy of your valid certificate of designation. Due to the number and types of designations that exist, provide a written explanation of how the certification relates to workers' compensation claims such that you qualify for this exemption.*

By signing below, I certify that the information provided is true and correct to the best of my knowledge.

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