

**FORM
AL-EAD-2**

**State of Alabama Department of Insurance
Attachment to Form AL-EAD-1**

Name of Adjuster:	Drivers license # , Resident State
D.O.B. _____ (Mo) (Day) (YR)	Social Security # _____ - _____ - _____
Home address: _____ (Street) (City) (State) (Zip)	
Telephone: (_____) _____ (_____) _____ (_____) _____ Home Business Cell	
E-Mail address:	
Licensed in Resident State as an Adjuster? Yes _____ No _____ (If no, attach explanation)	

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For Emergency Adjusters only