



**STATE OF WISCONSIN**  
**Department of Financial Institutions**  
**Division of Banking**



**ADJUSTMENT SERVICE COMPANY OFFICE**  
**APPLICATION INSTRUCTIONS**

**Purpose:** A completed Adjustment Service Company Office Application should be submitted to the Department of Financial Institutions – Division of Banking for consideration of licensure of additional office(s). Do not use the Adjustment Service Company Office Application unless your company already holds a Wisconsin Adjustment Service Company license or licenses.

**Public Information:** This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government agencies.

*The sections and numbers below correspond to the sections and numbers on the application.*

**ADJUSTMENT SERVICE COMPANY OFFICE**

A separate “Adjustment Service Company Office Application” must be completed for each proposed licensed office location. Copies of the form may be made.

1. Print or type the complete name, street address, and telephone number of the proposed adjustment service company office location in the spaces provided.
2. List the other types of business proposed for this location and identify who is/would be conducting the business.
3. Indicate the proposed date of business opening.

**ATTACHMENTS**

4. The following items must be submitted with your completed “Adjustment Service Company Office Application” form.

- A) Surety Bond Rider
- B) Fees

**A) Surety Bond Rider**

Provide a rider to the bond increasing the amount by \$5,000 for each additional office location to be licensed.

The rider must be completed to indicate the **exact** name of the Applicant (refer to #1 of the application.)

Because the bond covers the applicant at all licensed locations, the rider may not reference a street address.

The original rider must be signed and submitted to this Department.

**B) Fees**

The fee is \$400 for each location where business as an adjustment service company will be conducted. The \$400 fee consists of a \$200 license fee and a \$200 nonrefundable investigation fee. The full \$200 annual license fee is due for each office regardless of when in the year a license is issued.

**Make checks payable to the Department of Financial Institutions.**

## AFFIDAVIT

5. A duly authorized representative for the applicant should complete and sign the affidavit.

The representative's signature must be notarized.

---

## RETURN APPLICATION MATERIALS TO:

Department of Financial Institutions  
Division of Banking

*Mailing Address:*

PO Box 7876  
Madison, Wisconsin 53707-7876

*Street Address:*

North Tower  
4822 Madison Yards Way  
Madison, Wisconsin 53705

## HOW TO OBTAIN HELP AND ADDITIONAL FORMS:



**INTERNET** - Access the Department of Financial Institutions Internet Web Site at: [www.wdfi.org](http://www.wdfi.org) to do the following:

- Download Applications, Instructions and Forms
- See List of Adjustment Service Companies licensed under Section 218.02, Wis. Stats.



### TELEPHONE

Licensed Financial Services Section  
(608) 261-2312

or:

Department of Financial Institutions  
Division of Banking  
(608) 261-7578



### FAX

Division of Banking  
(608) 267-6889

# STATE OF WISCONSIN Department of Financial Institutions

**Courier Address:**  
North Tower  
4822 Madison Yards Way  
Madison, WI 53705



**Mailing Address:**  
PO Box 7876  
Madison, WI 53707-7876

[www.wdfi.org](http://www.wdfi.org)

Telephone: (608) 261-7578  
Fax: (608) 267-6889

## ADJUSTMENT SERVICE COMPANY OFFICE APPLICATION

Please refer to the accompanying instructions while completing this application.

### ADJUSTMENT SERVICE COMPANY OFFICE

Provide the following information for **each** proposed adjustment service company office location. Copies of this form may be made. Do **not** use the Adjustment Service Company Office Application unless your company already holds a Wisconsin Adjustment Service Company license or licenses.

1. 

Name of Applicant			
Street Address			
City	State	Zip Code	Telephone (     )

2. List the other types of business proposed for this location and identify who would be conducting the business:

3. Proposed date of business opening:

Date: (mm/dd/yyyy)

**ATTACHMENTS**

4. Attach the following to your application. Refer to the instructions for additional details.

A) **Surety Bond Rider**

B) **Fees**

**AFFIDAVIT**

5. I, \_\_\_\_\_, the undersigned, being the duly authorized representative of  
(Print Name)

\_\_\_\_\_, hereby certify that each statement and  
(Name of Applicant)

representation in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

This form is required under Section 218.02, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law. Personally identifiable information collected on this form may be matched against tax information, outstanding child and family support data and information from law enforcement agencies. Other information requested may also be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.