

| Rulemaking Survey: Adjuster | CE |
|-----------------------------|-----|
| Requirement | . (|
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| Start of Block: Default Question Block |
|---|
| Please enter the correct information below regarding the business entity: |
| O Company Name (4) |
| O Address (5) |
| O City (7) |
| O State (8) |
| O ZIP Code (9) |
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| Please enter the correct information below regarding the individual responsible for completing the survey: |
|--|
| O Name (1) |
| O Title (2) |
| O Email (3) |
| O Phone Number (4) |
| * |
| Q1 How many people does your business employ? |
| * |
| Q2 How many WA resident independent/public adjusters does your business employ? |
| * 0 |



| Q3 How many of your WA resident adjusters are required to take at least 24 CE units every two years to comply with other states? |
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| Q4 Do you reimburse adjusters for continuing education costs? |
| ○ Yes (1) |
| O No (2) |
| * |
| Q5 If you do reimburse adjusters for continuing education costs, do you only reimburse for a certain number of hours/units? If so, how many annually? |
| |
| * |
| Q6 if you reimburg adjusters for continuing education costs, how much do you reimburse per credit hour? |
| End of Block: Default Question Block |



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