CoreLogic[®]

Job Aid

Adjuster License Number Configuration

Issue 1 May 30, 2023

Adjuster License Number Configuration

This job aid will guide a Company Administrator or User through the necessary steps to add adjuster license numbers to the user profile in Claims Connect.

- **Note:** This document was created using a demo insurance company with generic settings. Keep in mind that your screens may appear slightly different. Please refer to your specific carrier guidelines for proper claim and estimate settings.
- 1. To add Adjuster License numbers to your profile (as a Standard User), navigate to the User Profile page from the user menu, then proceed to Step 4.



2. To add Adjuster License numbers to a user profile (as a Company Administrator), navigate to the User Accounts page.



3. Select the user from the list.

Search: Find T Clear								
Username	^	Last Name	First Name	E-mail	Phone	Status	Us	
lfrank_aidins		Frank	Lisa			Enabled	Standa	
Imorris_aidins		Weatherby	Morris			Enabled	Admin	
mscott_aidins		Scott	Michael			Enabled	Supplie	

Note: As a Company Administrator, Adjuster License Numbers can also be added to User Profiles utilizing the Import users command and via the API.



4. Select the Licenses tab from the top of the Modify Account window.

MODIFY ACCOUNT				Save	Cancel
General Licenses Assi	gnments Insured Contact	5			
Username:	mscott_aidins	*	Your password must be at least 8 characters in length, must not contain your username, first name or last name, and must contain at least one character from 3 of the 4 following groups; upper		
First name: Last name:	Michael Scott	*	case letters (A-Z), lower case letters (a-z), numbers (0-9), special characters (l, \$, %, ^, &, etc.).		
e-mail: Phone:]* 			
Old password:		j			
Confirm password:					
User group: User role:	Supplier Manager V Adjuster V	•			
User Region: User Area:	~	•			
)		

5. Select the Province/State and type the license number in the field.

MODIFY ACCOUNT							
General	icenses	Assignments	Insured Conta	cts			
Licenses							
Provin	ce/State	License N	lumber				
Alabama							
Alaska							
Arizona		AZ-1234ZA					
Arkansas							
California							
Colorado							
Connecti	cut						
Delaware							
District of	f Columbia						
Florida							
Georgia							
Hawaii							
Idaho							
Illinois							
Indiana							
lowa							
Kansas							
Kentucky							
Louisiana							
Maine							
Maryland							
Massachu	usetts						

- **Note:** There is a 15 character limit per License Number field. Letters, numbers and special characters are all accepted. If the User's company is located in Canada, Provinces will display instead of States.
- 6. Scroll to view all Provinces/States and add the license numbers as necessary.

Florida			
Georgia			
Hawaii			
dano			
llinois			
ndiana			
lowa			
Kansas			
Kentucky	123XYZ		
Louisiana			
Maine			
Maryland			
Massachusetts			
Michigan			
Minnesota			
Mississippi			
Missouri			
Montana			
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico	NM0011223344556		
New York			

7. Click Save to save changes or Cancel to discard and leave the User Profile page.

	NT		Saxe Cancel
General Licenses	Assignments Insured Conta	cts	
Licenses Province/State	License Number		
Alabama			
Alaska			
Arizona	AZ-1234ZA		

8. To view the Adjuster License number, go to the Loss Summary page of a claim in Claims Connect or Mobile Claims. If the User has a License Number loaded for the state in which the loss location is, the Adjuster License Number will be displayed.

Loss Summary						
	Insured info	rmation				
	First name:	7.0 Support	Mobile: Email:	(608) 555-1234 ★		
	Last name:	Demo		supportdemo@email.com		
	Address:	5711 Wilshire Dr. Madison, Wisconsin, 53711	Preferred language:	English		
	Adjuster inf	ormation				
	Adjuster:	Michael Scott (AID Insurance Company)				
	Phone:	1.000				
	License number:	WI-123				
	Email:					
	Insured con	tact information				

CLAIM NO.: 20230523-0223	*	INSURED		
Policy No.: HO-12345	*	Business name:]
Type of loss: Water Damage	~	Title:		-
Date of loss: 05/22/2023	×	First name:	7.0 Assignment	*
Time of loss: 12;00 AM		Last name:	Status	*
Deductible: Fixed V	✓ More	2 nd Title:		•
Year built :		First name:]
CAT No.:		Last name:]
		Address:	5711 Wilshire Dr.]
Adjuster: Michael Scott (AID I	insuranc 🗸	Map it!		
License WI-123		City:	Madison]
Phone:		Prov./State:	Wisconsin 🗸]
e-mail:		Postal/Zip code:	53711	
Assigned: 05/23/2023 2:24 AM		Loss address is	s different than insured	
Type: Field Staff				
To: Michael Scott		Home:]
Configure	claim options	Business:]
		Mobile:		



9. If any Participant on the claim has an Adjuster License number loaded for the state that the claim is located in, their License number will display on the Participants blade.



Participants		Lisa Frank		
Name	Contact	PROFILE		
AID Insurance Company	/	Company: First name:	AID Insurance Company Lisa	
Lisa Frank		Last name:	Frank WI-555555	
Michael Scott	limorris@corelog 1 (262) 780-3781	Phone: Email:	(414) 555-6789	
Morris Weatherby		ASSIGNMENT ORIG	INATOR	
DIA General Contracting	9	^{Role} Desk Adjuste	r	•
Neil Armstrong		Primary adjuster for the claim		
		Send claim notifications		
		REMOVE USER		

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