

**REGULAR MEMBERSHIP APPLICATION**

**Individual or Firm Name in Full:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**1. Date of Incorporation, Organization of Partnership or Inception of Individual Practice:**

\_\_\_\_\_

**2.**

Names of Officers or Partners or Proprietors		Date & Place of Birth		Years of Adjusting Experience

**3.**

Name of Adjusting Personnel		Date & Place of Birth		Years of Adjusting Experience

**4. Experience of Individual Applicant or Voting Member of Corporation or Partnership:**

Name of Company	City & State	Supervisor	Date from/to	Reason for Leaving

**5. Are you or any officer of corporation or partner financially interested in any insurance agency?**

Yes       No

If so, explain in details:

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6. Are you or any officer of corporation or partner financially interested in any business attending to replacements or repairs in connection with insurance claims of any type?

Yes       No

If so, explain in details:

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7. Is your main office or branch office maintained together with any insurance brokerage or agency office or any business attending to replacement or repairs in connection with insurance claim of any type?

Yes       No

If so, explain in details:

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8. Are you and all adjusting personal licensed by the State of New York?

Yes       No

License \_\_\_\_\_

Expires: \_\_\_\_\_

9. Are you an attorney?

Yes       No

If so: (a) Engaged in active practice law?

Yes       No

(b) Handling subrogation claim for insurance companies?

Yes       No

10. Have you had experience in the loss department of an insurance company?

Yes       No

Is so how many years? \_\_\_\_\_

11. Have you had experience as a company staff adjuster in the field?

Yes       No

Is so how many years? \_\_\_\_\_

12. State number of years of independent adjusting experience? \_\_\_\_\_

13 State lines of insurance you are licensed by State of New York to act as an Adjuster.

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14. Indicate principal type of loss handled. \_\_\_\_\_

15. State fully territory covered. \_\_\_\_\_

16. Reference: (all references are checked)

Name	Address	Phone	Email

a. List at least one bank reference in territory: \_\_\_\_\_

b. Attach here and fold your official letterhead and thereon list five companies serviced by you, full address, length of time represented, and officer or department head to correspondence my by addressed. *Ability to upload information requested.*

17. Do you belong to National Association of Independent Insurance Adjusters?  Yes  No

\* Sponsor \_\_\_\_\_

\* Co-Sponsor \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

\* Sponsor and co-sponsor must be voting member of the Association

