



National Association of Independent Insurance Adjusters

P.O. Box 807
Geneva, IL 60134
(6330) 208-2005; Fax: (630) 208-2005
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GENERAL APPLICATION FOR MEMBERSHIP

(A \$200 application fee and proof of current Professional Liability coverage is also required)

Firm: _____
(Name under which applicant's business is conducted)

(Office Address) (City) (State) (Zip Code)

(Mailing Address if different from office address) Phone: Fax:

Email Address: _____

1. Type of organization: (Sole Proprietorship, Partnership, Corporation)

2. Date and place business was established and by whom:

3. Date and place of incorporation or partnership organization:

4. Please complete if company is a Corporation or Partnership:

Owners, Partners or Officers (Show titles)	Corporate shares owned	Partnership percentage owned	Length of time with company

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5. Name ALL persons, companies, and/or organizations owning any part of your firm or sharing in its earnings (if not already identified in question # 4 above.)

(Attach additional page if necessary)

6.

ADJUSTING PERSONNEL Including Owner, Partners or Officers	Years of Experience	Lines qualified to adjust

(Attach additional page if necessary)

7. Are any of the above individual's independent contractors and are same compensated through use of IRS 1099 form? **Please be advised that NAIIA membership prohibits member firms from designating and or advertising independent contractors as full time claims handling personnel.**

Yes () No ()

Please list any or all affiliated independent contractors (attach additional page if needed).

8. Please identify any of the following entities that own or have any interest in the applicant firm. Also identify any of the following entities in which the applicant firm has an ownership interest.

	Owns or has interest in applicant firm	Applicant firm has ownership interest in	In either case, % of ownership interest
Insurance Company			
Insurance Agency			
Brokerage Office			
Self Insurer			
Finance Company			
Repair or Replacement Organization			
Third Party Administrators			
Other			

A. If "Yes" was indicated at any point above, please complete the following inquires (attach additional pages if necessary).

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Name of firm _____

Address _____

City: _____ State: _____ Zip: _____

Principal: _____ Title _____

Describe services provided:

B. Please list three clients of the above firm (not the applicant firm).

Company	Address	Contact	Title

C. Is the applicant firm independent of management control from the above organization? i.e. policies, claim assignments, billing, payroll, etc.? _____

Please describe:

9. Is this applicant's main office or any branch office maintained in the same office or suite of offices with any other business? _____ If yes, explain in detail ((Attach additional page if necessary)

10. Does the applicant operate any Branch or Resident Adjuster offices? _____ If so, at what locations? (See By-laws 11, 12, & 13)

Branch or Resident Adjuster office, street, city and state (Please specify BO or RA)	Name of Branch Office Manager or Resident Adjuster	Branch Office Manager's or Resident Adjuster's home address

(Attach additional page if necessary)

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11. Classify under the following heading the lines of insurance in which this applicant firm is qualified to serve. (See By-laws, Professional Ability [By-law 19])

Automobile	General Liability	Fire	Worker's Compensation	Miscellaneous

12. Indicate area or territory serviced by applicant:

13. Name and address of bank depository:

14. List alphabetically a representative number (minimum of five) of insurance companies, insurance companies, insurance agencies, self-insured, etc. for which adjustments are made. (Please show full name and full address of company, full name of company Claims Supervisor, e-mail address, number of years applicant has represented the company and line or lines for which adjustments are made.)

Company	Complete Address	Claims Supervisor	Years Represented	Lines adjusted

15. List any members of the National Association of Independent Insurance Adjusters who are acquainted with this applicant.

16. Is this applicant a member of any other adjusters' groups or associations?

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If so, give full name of the organization and name and address of the association.

I/We certify that all statement herein or made a part of hereof are true and correct. I/We agree that any falsification may be the basis for rejection by the Association or termination of membership if the application has been accepted.

If accepted for membership, I/we agree to conform with the Constitution and By-laws of the National Association of Independent Insurance Adjusters, Code Ethics of the Association and the principles as stated in the conference Report on Fair Insurance Claims Adjustment as adopted by the National conference of Lawyers, Insurance Companies and Adjusters.

Date at _____ this _____ day of _____, 20__.

**(To be signed by the President of the corporation,
all members of partnership, or by a sole proprietor.)**

**NATIONAL ASSOCIATION OF INDEPENDENT INSURANCE ADJUSTERS
NAIIA APPLICANT'S PLEDGE**

It is understood that upon receipt of the application for membership in the NAIIA, filed by the undersigned applicant, the NAIIA through its officers, members and employees are authorized to make a full and complete investigation relative to the qualifications of the undersigned applicant and its owners, officers and employees. In so doing, the NAIIA may contact any and all sources of information known to it. Such information shall be submitted to a duly appointed membership credentials committee for its recommendations to the Executive Committee who shall have final authority to determine whether the application shall be accepted or rejected. The application fee is \$200.00.

It is further understood that the information secured by the NAIIA in the course of the investigation is privileged and confidential and will not be revealed to the applicant at any time, even should the applicant be accepted into membership, and if the applicant is rejected, the reasons for such action will not be revealed to the applicant. The named applicant also understands response to documents requested by the Association Secretary Treasurer (or representatives) will be expected within 21 business days. After that time the application will be considered null and void. The undersigned applicant firm hereby pledges and agrees to abide by the ultimate decision of the Executive Committee of the NAIIA with respect to its action on the application for membership in said association.

The undersigned agrees that the use of any NAIIA logo or insignia shall be on the basis of a lease to the undersigned for the period only of its membership in the association.

The undersigned further agrees that if, for any reason, its membership is terminated by the NAIIA or, if it voluntarily resigns as a member, it will cease and desist from the use of these logo or insignia immediately upon such termination or resignation, and that it will return same to the Executive Vice President of said association upon request and without delay in so doing.

I/We hereunto affix my/our signature to the above contract, agreement and pledge in behalf of the undersigned firm at _____, _____, this _____ day of _____, 20__.

Firm:

By:

Title:
