

**PENNSYLVANIA ASSOCIATION OF INDEPENDENT INSURANCE ADJUSTERS**

**APPLICATION FOR MEMBERSHIP**

Please provide detailed answers to each question. To avoid delays in handling your application, it is essential that all questions be answered and mailing addresses be given where requested.

Submitted by: -----  
(name under which applicant's business is conducted)

Physical Address: -----

Mailing Address, if different: -----

Phone Number-----Fax Number-----

Email Address-----Web Address-----

Type of Organization? (Individual, Partnership, Corporation) -----

Date & Place Established and by Whom? -----

Date & Place of Incorporation or Partnership Organization -----

Owner, Partners or Officers (show titles) -----  
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Name ALL Persons or Organizations owning any part of your firm or sharing in its earnings?  
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Lines qualified to adjust and years of experience in each: -----  
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Is this applicant or any partner or officer or spouse thereof employed by or the owner of any interest in any insurance company, insurance agency, brokerage office, self-insurer or finance office? If so, explain in detail -----  
(use additional sheets if needed)

Do any of the following have an interest in the business of the applicant?  
Insurance Co?-----Insurance Agency?-----Brokerage Office-----  
Finance Co?-----Self-Insurer?-----Repair Service Organization-----  
Other business of professional entities concerned with insurance claims?-----

Explain any "yes" answer -----  
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Is Applicant's Main Office or any Branch Office in the same room or suite with any other activity?-----

If so, explain in detail -----  
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Does this applicant operate any branch or resident adjuster offices? -----If so, at what locations in Pennsylvania? (list on separate sheet the address, phone number and zip code)

Does applicant specialize in any of the lines for which qualified? -----  
If so, explain in detail -----  
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Territory in which applicant can render adequate claim service -----

List at least five (5) insurance companies serviced. Please provide the insurance company's name, address, phone number and email address. Also list the names of individuals at those companies who supervise your work. -----  
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Approximately how many companies does applicant represent? -----

List any members of the Penna. Association of Independent Insurance Adjusters who are acquainted with the applicant. -----  
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List any adjuster groups or associations of which applicant is a member. -----  
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I/We certify that all statements herein or made a part 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 application has been accepted.

If accepted for membership, I/We agree to conform to the Constitution and Bylaws of the Pennsylvania Association of Independent Insurance Adjusters and its Code of Ethics.

Please attach a copy of your Declaration Sheet/Certificate of Insurance for your E&O Coverage.

Dated at -----this -----day of -----20-----

If Corporation, Attested by: (x) -----

(x) -----  
Title Title