

Please complete the following Company and Individual Application Sections:



**California Association of Independent Insurance Adjusters, Inc.**



**APPLICATION FOR MEMBERSHIP - COMPANY INFORMATION**  
(Please type detailed answers to each question in this application)

---

Submitted By: \_\_\_\_\_ email address: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

---

1. Type of Organization? :

2. Date and Place of Incorporation (if incorporated):

3. Date and Place Business Established and by Whom? :

4. State License #: \_\_\_\_\_ IRS Employer #: \_\_\_\_\_

5. Ownership Information:  
Owner, Partners, or Officers

Ownership  
Percentage

Lines Qualified to Adjust

6. Name any OTHER Persons or Organizations Owning Any Part of You Firm or Sharing in its Earnings:

7. Adjusting Employees

Adjusting Employees

Years  
Experience

Lines Qualified to Adjust

8. Does this applicant operate any other branches? \_\_\_\_\_ If so, at what locations? \_\_\_\_\_

Branch Office Street Address, City and State

Phone #

Fax #

Branch Office Manager

9. Check the following headings and the lines of insurance in which this applicant is qualified to act as adjuster.

Auto      Casualty      Fire      Inland Marine      W.C.      Other

10. Does this applicant specialize in any of the above lines?

If so, Please explain

11. Is this applicant qualified to render other services related to claims work?

If so, Please explain

12. Territory in which this applicant can render adequate claim service:

13. List any members of the California Association of Independent Insurance Adjusters who are acquainted with this applicant:

14. Is this applicant a member of the National Association of Independent Insurance Adjusters (NAIIA), a local adjusters' association or professional organization?

If so, give full name of the association and name and address of secretary

15. List alphabetically a representative number of insurance companies for which adjustments are made. Include two different companies for each major line serviced as shown in the answer to Question 9. (Please show full name and full address of company, full name of company's claims supervisor, number of years applicant has represented the company, and line or lines for which adjustments are made. This information will NOT be released to the general membership or public.

Company	Address	Claims Examiner	Years Rep'd	Lines Adjusted
---------	---------	-----------------	-------------	----------------

16. Personal References

Name	Address	Phone#
------	---------	--------

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 the applicant has been accepted.

If accepted for membership I/we agree to conform with the Constitution and By-Laws of the California Association of Independent Insurance Adjusters, Code of Ethics of the Association and the Statement of Principles on Respective Rights and Duties of Lawyers and Laymen in the Business of Adjusting Insurance Claims.

Date \_\_\_\_\_ Attested by (Name, Title) \_\_\_\_\_

### California Association of Independent Insurance Adjusters, Inc.



#### INDIVIDUAL QUALIFICATION INFORMATION (Please type detailed answers to each question in this application)



Firm

Name:

Age:

Phone Number:

Fax Number:

1. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Education:

(School or Colleges attended, year graduated and degree received)

3. Employment Record:

(Please send entire employment record, furnishing complete name of employer, address (city & state), position held, dates of employment and reasons for leaving.)

4. Give names of Professional and Business organizations you are and have been a member of and state if you have served as an Officer or Committee Chairman.

5. Would you desire to serve on a committee of CAIIA \_\_\_\_\_ Any preference \_\_\_\_\_

6. State License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

7. Are you an attorney

List Bar Associations to which you belong

8. Have you had company home office experience as an adjuster

If so, name company and number of years

9. Have you had company field experience as an adjuster

If so, name company and number of years

10. State number of years of INDEPENDENT adjusting experience

Name and address of firm

11. State total years of adjusting experience

12. State lines which you are personally qualified to handle

13. Name and address of three personal references, located in the territory in which you operate who have known you at least three years:

Name

Address

### California Association of Independent Insurance Adjusters, Inc.

APPLICATION FOR MEMBERSHIP

APPLICATION FOR MEMBERSHIP



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 the applicant has been accepted.

If accepted for membership I/we agree to conform with the Constitution and By-Laws of the California Association of Independent Insurance Adjusters, Code of Ethics of the Association and the Statement of Principles on Respective Rights and Duties of Lawyers and Laymen in the Business of Adjusting Insurance Claims.

Dated at \_\_\_\_\_ (city) this \_\_\_\_\_ day of \_\_\_\_\_, 2009 .

Attested by (Name, Title) \_\_\_\_\_

If Corporation: \_\_\_\_\_  
\_\_\_\_\_

(To be signed by the President of a

\_\_\_\_\_  
\_\_\_\_\_

Corporation, by all members of a  
Partnership or by an individual owner.)

---

INDIVIDUAL QUALIFICATION INFORMATION

I certify that the above answers are true and correct.

Dated at \_\_\_\_\_ (city) this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Signature \_\_\_\_\_ Title \_\_\_\_\_

---

Please print a copy of this application and either mail everything together or send a copy of page by using your browser (usually, File, Send Page by Email).  
Send via email to [membership@caia.com](mailto:membership@caia.com) Send mailed application to: **CAIIA, P.O. Box 168, Burbank, CA 91503-0168**