



## International Institute of Loss Adjusters, Inc. Membership Application

Full Membership       Affiliated Membership

1. Applicant's Name: \_\_\_\_\_

Title                      First Name                      Middle Initial                      Last Name

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(DD/MM/YY)

Main Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

2. Are you or your Firm associated with any of the following?      **Yes**                      **No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| An Insurance Agency  | <input type="checkbox"/> | <input type="checkbox"/> |
| An Insurance Brokerage Firm  | <input type="checkbox"/> | <input type="checkbox"/> |
| A General Insurance Agency   | <input type="checkbox"/> | <input type="checkbox"/> |
| An Insurance Company or Group of Companies   | <input type="checkbox"/> | <input type="checkbox"/> |
| A Manager for an Insurance Company or Group of Companies   | <input type="checkbox"/> | <input type="checkbox"/> |
| An Attorney/Lawyer/Solicitor or a Firm of Attorneys/Lawyers/Solicitors   | <input type="checkbox"/> | <input type="checkbox"/> |
| A Public Adjuster or Public Assessor   | <input type="checkbox"/> | <input type="checkbox"/> |
| A Salvor or a Firm engaged in Salvage  | <input type="checkbox"/> | <input type="checkbox"/> |
| A Contractor or any person or Firm which provides material, labour or equipment for the repair or replacement associated with Insurance losses | <input type="checkbox"/> | <input type="checkbox"/> |

***If you answered Yes to any of the above, please provide Full details on a separate sheet and attach it to this Application Form.***

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3. The following are requirements for Full Membership:

	Yes	No
My principal time in that profession is spent in the administration of adjustments and/or adjustments of property insurance claims	<input type="checkbox"/>	<input type="checkbox"/>
I am presently engaged on a Full Time basis in the Independent Insurance Loss Adjustment profession of property insurance claims	<input type="checkbox"/>	<input type="checkbox"/>
I have a minimum of ten (10) years active property loss adjustment experience. If NO, this Application can only be considered for Affiliate Membership	<input type="checkbox"/>	<input type="checkbox"/>

***If you answered NO to any of the above, please provide Full details on a separate sheet and attach it to this Application***

4. Past Employment (Last 10 Years):

From: \_\_\_\_\_ To: \_\_\_\_\_

Employer \_\_\_\_\_

Office Address \_\_\_\_\_

Job Description \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Employer \_\_\_\_\_

Office Address \_\_\_\_\_

Job Description \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Employer \_\_\_\_\_

Office Address \_\_\_\_\_

Job Description \_\_\_\_\_

**Yes    No    Not Applicable**

5. Do you post a Fidelity Bond?                                               

If Yes, Name of Insurer: \_\_\_\_\_

Does the State, Province or Country in which you have your Main Office require a License?

If Yes, state License No/s: \_\_\_\_\_ & \_\_\_\_\_

6. Check the following list of property loss adjustments which you are qualified to handle and approximate the number of assignments you have handled in the last 12 months.

<b>Qualified For (Tick)</b>		<b>Approx. Number Assigned</b>
<input type="checkbox"/>	Fire	_____
<input type="checkbox"/>	Windstorm and Extended Coverage	_____
<input type="checkbox"/>	Business Interruption	_____
<input type="checkbox"/>	Subrogation	_____
<input type="checkbox"/>	Inland Marine	_____
<input type="checkbox"/>	Ocean Marine	_____
<input type="checkbox"/>	Heavy Equipment	_____
<input type="checkbox"/>	Marine Surveys	_____
<input type="checkbox"/>	Aircraft	_____
<input type="checkbox"/>	Construction Defects	_____
<input type="checkbox"/>	Product Liability	_____
<input type="checkbox"/>	Appraisal, Arbitration, Mediation	_____
<input type="checkbox"/>	Fraud-Arson Investigation	_____
<input type="checkbox"/>	Claims Administration	_____
<input type="checkbox"/>	Expert Witness	_____
<input type="checkbox"/>	File Auditing	_____

7. List five (5) Insurance Companies, Insurance Agencies, Self-Insureds or others for which loss adjustments are handled by you. Please show full name and address of company, company Claims Supervisor or Manager, number of years you have represented the company and type of assignments handled. If you wish that these companies not be contacted by us for reference, please so note on this application.

***If you list less than five (5) please provide your reasons on a separate sheet and attach it to this Application Form.***

Company \_\_\_\_\_

Address \_\_\_\_\_

Claims Supervisor or Manager/Contact \_\_\_\_\_

Years Represented \_\_\_\_\_ Types of Claims Handled \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Claims Supervisor or Manager/Contact \_\_\_\_\_

Years Represented \_\_\_\_\_ Types of Claims Handled \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Claims Supervisor or Manager/Contact \_\_\_\_\_

Years Represented \_\_\_\_\_ Types of Claims Handled \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Claims Supervisor or Manager/Contact \_\_\_\_\_

Years Represented \_\_\_\_\_ Types of Claims Handled \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Claims Supervisor or Manager/Contact \_\_\_\_\_

Years Represented \_\_\_\_\_ Types of Claims Handled \_\_\_\_\_

8. Indicate area or territory or countries you service: \_\_\_\_\_

\_\_\_\_\_

9. List any members of the International Institute of Loss Adjusters with whom you are acquainted:

\_\_\_\_\_

10. Are you a member of any other loss adjusting associations and if so, please give the full name(s) and cities of the association(s)' headquarters:

\_\_\_\_\_

\_\_\_\_\_

**Please attach a current CV or Resume with this Application**

**Applicant's Declaration & Undertaking**

- 11. If accepted for membership, I hereby pledge to abide by the Constitution, By-Laws and Rules and Regulations of the Institute, to pay dues as prescribed by the Institute, to promote the welfare of the Institute and its members and to serve Underwriters and Companies in a professional and reliable manner.
- 12. It is understood that I can withdraw from membership at any time without liability for any dues and without cause by simply notifying the Secretary of the Institute of my intentions in writing.

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**Applicant's Signature**

**Date**

**Each applicant is to include a US\$75 nonrefundable application fee and enclose it with this application. All should then be mailed to your IILA Sponsor, who then forwards it to an IILA Officer who reviews and forwards to the Membership Chairman for Board distribution and review.**

**IILA Sponsor**

13. \_\_\_\_\_  
IILA Sponsor (Please Print)

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Province, Country

\_\_\_\_\_  
Date

**IILA Officer**

14. \_\_\_\_\_  
RVP, Current or Past Officer (Please Print)

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

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Province, Country

\_\_\_\_\_  
Date