



International Institute of Loss Adjusters, Inc

Membership Application

Full Membership

Affiliated Membership

1. Applicant's Name: _____ Date of Birth: _____
Title First Name Middle Initial Last Name (DD/MM/YY)

Nationality: _____ 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.

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

I am presently engaged on a Full Time basis in the Independent Insurance Loss Adjustment profession of property insurance claims

I have a minimum of ten (10) years active property loss adjustment experience. If NO, this Application can only be considered for Affiliate Membership

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 _____

Please attach a current CV or Resume.

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 Licence No/s: _____ & _____

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

Qualified For (Tick)		Approx. Number Assigned
<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 alphabetically at least five (5) Insurance Companies, Insurance Agencies, Self-Insureds or others for which loss adjustments are handled. 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 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 association and if so, please give the name/s and address/s of the association/s:

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.

Applicant's Signature

Date

IILA Sponsor & RVP

13. _____
IILA Sponsor (Please Print)

Sponsor's Signature

Firm Name

Address

City, State, Province, Country

Date

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

Signature & Title

Firm Name

Address

City, State, Province, Country

Date