



1. Applicant's Name: _____

Title	First Name	Middle Initial	Last Name

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 ☐ ☐

An Insurance Brokerage Firm ☐ ☐

A General Insurance Agency ☐ ☐

An Insurance Company or Group of Companies ☐ ☐

A Manager for an Insurance Company or Group of Companies ☐ ☐

An Attorney/Lawyer/Solicitor or a Firm of Attorneys/Lawyers/Solicitors ☐ ☐

A Public Adjuster or Public Assessor ☐ ☐

A Salvor or a Firm engaged in Salvage ☐ ☐

A Contractor or any person or Firm which provides material, labour or equipment for the repair or replacement associated with Insurance losses ☐ ☐

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	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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 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.

Applicant’s Signature

Date

This application form together with your CV should be mailed to your IILA Sponsor, who then forwards it to an IILA Officer who reviews and forwards it to the Membership Chairman. The application is subject to a US\$75 non-refundable application fee, and when the Membership Chairman receives the application, an invoice will be emailed to you for payment of the fee. Once payment is received, the Membership Chairman will distribute the application to the Board for 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