



P.O. Box 261384
Encino, CA 91426

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TYPE OR PRINT CLEARLY AND ANSWER ALL ITEMS FULLY

I HEREBY MAKE APPLICATION FOR REGULAR MEMBERSHIP IN THE CALIFORNIA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS AS FOLLOWS:

1. NAME: _____ FIRM NAME: _____

2. BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

3. BUSINESS PHONE: (_____) _____ FAX (_____) _____ CELL (_____) _____

4. E-MAIL ADDRESS: _____

5. NUMBER OF MEMBERS IN YOUR FIRM: _____

6. WHAT TYPE OF COMPANY ARE YOU ? INDIVIDUAL (SOLE OWNER) PARTNERSHIP CORPORATION

7. NAMES AND TITLES OF ALL OFFICERS, DIRECTORS & STOCKHOLDERS (IF CORP.) OR ALL PARTNERS (IF A LLP)

8. YOUR POSITION AND THE SIGNIFICANT SPECIALTY(IES) OF YOUR PRACTICE. CHECK ALL BOXES THAT APPLY:

WATER FLOOD FIRE WIND EARTHQUAKE VANDALISM THEFT LOST INCOME ALE

INLAND MARINE PERSONAL PROPERTY FRIGHT AUTO MARINE OTHER

9. WHEN AND WHERE WERE YOU FIRST LICENSED AS A PUBLIC ADJUSTER ? _____

10. ARE YOU NOW LICENSED AS A PUBLIC ADJUSTER IN CALIFORNIA? IF SO, LIST LICENSE # _____

11. ARE YOU LICENSED IN ANY OTHER STATES ? YES NO.....IF YES, WHICH ONES : _____

12. ARE YOU LICENSED IN ANY OTHER COUNTRIES AS A PUBLIC ADJUSTER? YES NO IF YES , LIST COUNTRY & LICENSE # _____

13. ARE YOU ENGAGED AS A PUBLIC ADJUSTER EXCLUSIVELY ON A FULL-TIME AND PROFESSIONAL BASIS ? YES NO

14. DO YOU DO APPRAISAL WORK ? YES NO

15. HAVE YOU EVER SERVED AS AN UMPIRE IN AN APPRAISAL ? YES NO



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16. ARE YOU ENGAGED IN ANY BUSINESS OTHER THAN PUBLIC ADJUSTING ? IF SO, DESCRIBE:

17. ARE YOU ENGAGED IN ANY WAY IN BUILDING CONSTRUCTION OR FIRE DAMAGE RESLORATION ? YES NO
IF YES, DESCRIBE: _____

18. LIST BUSINESS OR PROFESSIONAL ORGANIZATIONS OF WHICH YOUR FIRM IS A MEMBER :

_____	_____
_____	_____
_____	_____

19. HAVE YOU EVER BEEN REPRIMANDED OR DISCIPLINED BY ANY INSURANCE DEPARTMENT OR OTHER GOVERNMENTAL AGENCY ? YES NO IF YOU ANSWERED YES, FUMISH FULL PARTICULARS:

20. HAS YOUR PUBLIC ADJUSTER'S LICENSE EVER BEEN SUSPENDED OR REVOKED ? YES NO

21. HAVE YOU EVER ADJUSTED ANY THIRD PARTY CLAIMS ? YES NO

22. EACH FIRM WILL DESIGNATE ONE (1) VOTING MEMBER FOR THE BOARD OF DIRECTORS. (THIS MEMBER WILL RECEIVE CORRESPONDENCE TO BE DISTRIBUTED AS NEEDED

DESIGNATED BOARD MEMBER : _____

23. HOME PHONE NUMBER (VOTING MEMBER) _____ E-MAIL _____

24. NAMES OF ASSOCIATE MEMBERS (ALL EMPLOYEES WHO HOLD A CALIFORNIA ADJUSTERS LICENSE SOLICITORS, ADJUSTERS, INVENTORY, ETC.

1. _____

2. _____

3. _____

4. _____

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CONTINUED:

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

25. BRANCH OFFICES:

1. BRANCH ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

BRANCH PHONE: (____) _____ FAX (____) _____

2. BRANCH ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

BRANCH PHONE: (____) _____ FAX (____) _____

3. BRANCH ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

BRANCH PHONE: (____) _____ FAX (____) _____

4. BRANCH ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

BRANCH PHONE: (____) _____ FAX (____) _____

26. ARE YOU A MEMBER OF THE NATIONAL ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS (NAPIA) ? YES NO

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN THIS APPLICATION IN THE ENVELOPE PROVIDED MARKED :

ATTENTION: CAPIA – MEMBERSHIP
P.O. Box 261384, ENCINO, CA., 91426

PLEASE ENCLOSE A CHECK MADE PAYABLE TO CAPIA FOR \$100.00, FOR AN INDIVIDUAL MEMBERSHIP, OR \$200.00 FOR FIRMS WITH UP TO 4 PUBLIC ADJUSTERS AND \$300.00 FOR FIRMS WITH MORE THAN 5 PUBLIC ADJUSTERS