



CAPIA
26500 AGOURA ROAD
SUITE # 507
CALABASAS, CA. 91302

EMAIL: info@capiainc.com

TYPE OR PRINT CLEARLY AND ANSWER ALL ITEMS FULLY

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

1. NAME : _____ FIRM NAME: _____

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

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

4. CALIFORNIA PUBLIC ADJUSTERS LICENSE #: _____

5. E-MAIL ADDRESS _____

5. NUMBER OF PUBLIC ADJUSTERS WORKING IN YOUR FIRM: _____ [SEE PAGE "2" OF THIS APPLICATION FOR FURTHER INSTRUCTGIONS.]

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

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

8. DO YOU REQUEST APPRAISAL WHEN ADJUTEING A CLAIM, WHEN APPROPRIATE ? YES NO

9. HAVE YOU EVER SERVED AS AN APPRAISER ? YES NO

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

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

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN THIS APPLICATION IN THE ENVELOPE PROVIDED MARKED :

ATTENTION: CAPIA -- MEMBERSHIP
26500 AGOURA ROAD – SUITE #507 – CALABASAS, CA. - 91302

PLEASE ENCLOSE A CHECK MADE PAYABLE TO CAPIA FOR \$150.00, FOR AN INDIVIDUAL MEMBERSHIP, OR FOR FIRMS WITH MORE THEN 2 PUBLIC ADJUSTERS ADD \$50.00 PER ADDITIONAL PUBLIC ADJUSTER ASSOCIATED WITH YOUR FIRM.

CAPIA MEMBERSHIP APPLICATION

PLEASE ANSWER THESE ADDITIONAL QUESTIONS IF YOUR FIRM HAS MORE THEN 2 PUBLIC ADJUSTERS WORKING FOR YOUR FIRM.

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

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

14. 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 : _____

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

1. _____ LIC# _____	2. _____ LIC# _____
3. _____ LIC# _____	4. _____ LIC# _____
5. _____ LIC# _____	6. _____ LIC# _____
7. _____ LIC# _____	8. _____ LIC# _____
9. _____ LIC# _____	10. _____ LIC# _____
11. _____ LIC# _____	12. _____ LIC# _____
13. _____ LIC# _____	14. _____ LIC# _____
15. _____ LIC# _____	16. _____ LIC# _____
17. _____ LIC# _____	18. _____ LIC# _____
19. _____ LIC# _____	20. _____ LIC# _____

CAPIA MEMBERSHIP APPLICATION

CONTINUED:

16. 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 (____) _____

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