



Public Insurance Adjuster Membership Application

Enter firm information below (*indicates required field)

Firm Name _____

Street Address _____

City _____

State _____

Zip Code _____

Firm Phone _____

Firm Fax _____

Firm Toll Free / Alternate Number _____

Firm Email (if applicable) _____

Firm Web Address _____

Enter primary contact information below.

Name	Email	State License #'s	Contact Type
			<input type="checkbox"/> Primary <input type="checkbox"/> PA 1099 <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Other

List all additional principals, licensed public adjuster employees and licensed 1099 individuals at firm below.

Name	Email	State License #'s	Contact Type
			<input type="checkbox"/> Primary <input type="checkbox"/> PA 1099 <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Other
			<input type="checkbox"/> Primary <input type="checkbox"/> PA 1099 <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Other
			<input type="checkbox"/> Primary <input type="checkbox"/> PA 1099 <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Other

If there are additional licensed individuals, please provide details above on a separate sheet of paper.

* How many licensed public adjusters are in your firm? _____

* Does the firm provide public adjuster services exclusively on a licensed and professional basis? ☐ Yes ☐ No

If no, describe: _____

* Is the firm engaged in, or have any interest in, building construction or restoration? ☐ Yes ☐ No

If yes, describe: _____

Why do you want to become a member of CAPIA? _____

Referred by: _____

The undersigned applicant agrees to read and abide by the CAPIA Bylaws and Code of Ethics & Conduct. Further, the applicant agrees that all information provided is true and accurate.

Signature _____ Date _____

CAPIA
P.O. Box 29870
Los Angeles, CA 90029
info@capiainc.com
www.capiainc.com

Total Amount Enclosed/Charged: \$

☐ Check Enclosed☐ Visa☐ MC☐ AMEX

(Make check payable to CAPIA, P.O. Box 29870, Los Angeles, CA 90029)

Card Number

Expiration Date

Security Code on Card

Billing Address/City/State/Zip

Name on Card

Cardholder Signature

Date