



CALIFORNIA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS

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"/> Principal <input type="checkbox"/> Public Adjuster Employee

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"/> Principal <input type="checkbox"/> 1099 Employee <input type="checkbox"/> Public Adjuster Employee
			<input type="checkbox"/> Principal <input type="checkbox"/> 1099 Employee <input type="checkbox"/> Public Adjuster Employee
			<input type="checkbox"/> Principal <input type="checkbox"/> 1099 Employee <input type="checkbox"/> Public Adjuster Employee

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 _____