



## National Association of Independent Insurance Adjusters

87 North Crook Lake Dr.  
Kalamazoo, MI 49009  
(877) 344-0624 FAX (269) 978-9078  
Email: [admin@naiia.com](mailto:admin@naiia.com)

### APPLICATION FOR NAIIA CLAIMS AFFILIATE MEMBERSHIP

**Applicants Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**(Name (if any) under which applicant's business is conducted)**

\_\_\_\_\_  
(Location Address - Physical) (City) (State) (Zip Code)

\_\_\_\_\_  
(Mailing Address if different from Physical address) Phone: Fax:

**Email Address:** \_\_\_\_\_

**Website Address (if applicable)** \_\_\_\_\_

1. **Type of organization:** (Sole Proprietorship, Partnership, Corporation, Independent Contractor)

\_\_\_\_\_

2. **Date and place business was established and by whom:**

\_\_\_\_\_

\_\_\_\_\_

3. **Please list the services the Applicant provides**

\_\_\_\_\_

\_\_\_\_\_

4. **Please list three clients of applicant**

Company	Email Address	Contact	Title

**National Association of  
Independent Insurance Adjusters**

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5. **Indicate area or territory serviced by applicant:**

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6. **List any members of the National Association of Independent Insurance Adjusters who are acquainted with this applicant.**

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7. **If this applicant a member of any other adjusters' groups or associations please list them below**

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**I certify that all statements herein or made a part of hereof are true and correct. I agree that any falsification may be the basis for rejection by the Association.**

**Company** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(To be signed by the applicant who will be the listed person in publications)

**National Association of  
Independent Insurance Adjusters**

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NATIONAL ASSOCIATION OF INDEPENDENT INSURANCE ADJUSTERS  
BENEFITS OF THE NAIIA CLAIMS INDUSTRY AFFILIATE

It is understood that the information secured by the NAIIA during the review of this application is privileged and confidential and will not be revealed to the applicant at any time, even should the applicant be accepted into this program. If the applicant is rejected, the reasons for such action will not be revealed to the applicant. The undersigned applicant hereby agrees to abide by the ultimate decision of the Credentials Committee of NAIIA with respect to its action on the application.

The undersigned agrees to adhere to a Code of Ethics which includes conduct appropriate to earning respect and confidence, promoting good will, refraining from improper solicitation and from engaging in improper alliances and rendering the highest quality of service to the clients served.

Any grievance filed against an Industry Affiliate will be reviewed by the Grievance Committee of the NAIIA. Should the grievance be upheld by this Committee, a revocation of the privileges of this affiliation will be done.

The undersigned understands that certain restrictions apply to this designation: the use of the NAIIA logo is NOT allowed, no voting privileges are included in this designation and no office can be held at any level.

- If this application is accepted, the following benefit will be afforded to the applicant after the annual fees of \$250 per year (January 1 – December 31st) have been paid.
- Listing in the next NAIIA Blue Book of Adjusters - Individual's name only.
- Listing on the NAIIA Website
- Any Affiliate attending the National Annual Conference will receive discounted pricing.

**Company** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(To be signed by the applicant who will be the listed person in publications)