NYPAA

New York Public Adjusters Association

Public Adjuster Member Application

Firm Name

Firm Address | City | State | Zip Code

Phone | Fax | Toll Free/Alt Number

Firm Email | Web Address

Enter primary contact information below.

Name	Email	State License #'s	Contact Type
			❒ Principal ❒ Public Adjuster Employee

List all licensed principals and public adjuster employees at the firm.

Name	Email	State License #'s	Contact Type
			❒ Principal ❒ Public Adjuster Employee
			❒ Principal ❒ Public Adjuster Employee
			❒ Principal ❒ 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 NYPAA? _____

_____

Referred by: _____

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

Signature _____ Date _____

Annual Firm Dues:

$350 for each licensed principal and public adjuster employee up to four (4) individuals. All other licensed individuals at the firm must be enrolled at no additional cost.

Total Amount Enclosed/Charged: $ _____ ❒ Check Enclosed ❒ Visa ❒ MC ❒ AMEX

Make check payable to NYPAA, 299 Broadway, #1310, New York, NY 10007

Card Number _____ Expiration Date _____ Security Code _____

Billing Address / City / State / Zip _____

Name on Card _____ Card Holder Signature _____Date _____

NYPAA
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