



Florida Association of Public Insurance Adjusters Membership Application

FAPIA is a non-profit organization dedicated to establish and maintain high standards of professional conduct, assist in carrying out provisions of Florida Law pertaining to the industry, uniting members for their benefit, education and protection, and to benefit and protect Insured Floridians. Only persons who are licensed by the Florida Department of Financial Services as Public Insurance Adjusters may apply for full membership. Membership is limited to individuals of good character who fulfill all requirements of FAPIA as set by the board and membership.

To apply for membership, complete and return this application along with a copy of your current Florida Public Insurance Adjusters License. Email to: Administrator@FAPIA.net or mail to FAPIA, PO Box 940666, Maitland FL 32794. Call Administrative Director Melissa Edwards at 407-830-4892 should you have any questions.

Date of Application:

Applicant Name:

Company Name:

Company Phone Number:

Applicant Cell Phone Number:

PA License Number:

Mailing Address:

City/ST/Zip:

E-mail Address:

Website Address:

Year Licensed as a Public Insurance Adjuster:

Years in industry:

Has your license ever been suspended or revoked? If yes, please give details of revocation and reinstatement: (use separate sheet if necessary)

Have you had complaints filed against you with DFS? How many:

Additional qualifications to be considered (education, other licenses held, public service, etc.):

How did you find out about FAPIA:

If a member has referred you, please list their name & company:

I attest that all information on this application is true and accurate to the best of my knowledge. I will comply with the Bylaws and membership rules of FAPIA if my membership is approved. If my license is suspended or revoked by DFS for any reason, I agree that my membership will also be suspended for the same period of time.

Signature:

Date: