



Society of Registered Professional Adjusters

MEMBERSHIP APPLICATION

Applicant Must Be Directly Involved in Claims



APPLICATION FEE \$150
(Includes non-refundable \$100 for credential review & processing)

RPA# _____
Received _____

Applicant Information

1. Applicant's Name _____
2. Home Address _____
3. City _____ State _____ Zip _____ Phone _____
4. Present Employer Name _____
5. Employer Address _____
6. City _____ State _____ Zip _____ Phone _____
7. E-Mail Address _____ Fax _____

8. Applicant Information – Indicate the type of background and experience you possess:

Check all of the following Claims designations you currently hold: "Proof of designation must be submitted"

- | | | | | | |
|------------|------------|------------|-----------|------------|-------------|
| _____ AIC | _____ ACLA | _____ SCLA | _____ ARe | _____ AMIM | |
| _____ CPCU | _____ PCLA | _____ ARM | _____ AIM | _____ MBA | _____ Other |

Number of years of experience with:

- | | | | |
|----------------|---------------------|--------------------|---------------------------------|
| _____ Insurers | _____ Independents | _____ Insureds | _____ Third Party Administrator |
| _____ Retired | _____ Self Insureds | _____ Agent/Broker | _____ Public Adjusters |
- _____ Total number of years of Adjustment/Claims handling experience* which can be verified
- _____ Total number of years of experience in the insurance industry

* Adjustment/Claims handling experience includes any individual who is working as an Insurance Adjuster, Third Party Administrator or as a supervisor, manager, trainer or educator of Insurance Adjusters or Third-Party Administrators; **and** this Adjustment/Claims handling experience must be exclusive to handling claims for Insurance Carriers, Third Party Administrators or self insureds or not-for-profit insurance industry support organizations.

The RPA Credential Committee will review all applications - this process can take up to 45 days. If approved, the candidate will receive protocol testing instructions. Unsuccessful candidates will receive a \$50 refund of their \$150 application fee.

Credential Information Required

The following documentation (1-4) **MUST** be submitted to be reviewed by the RPA Credential Committee.

1. **Education History** (*Photocopy of degree, designation and/or certificates must be submitted with Application*)

Degrees _____

Designations _____

Certificates _____

2. Complete Work Chronology – showing Employer, Position(s) held, Primary Job Responsibility (ie. loss adjuster), Dates Employed, Work Performed (ie. Adjusted claims for insurance carriers)
3. Two samples of work product (ie. Adjuster Reports, Coverage Letter, etc.) – Please redact confidential or sensitive information such as customer name, etc.
4. A brief narrative explaining why you believe you qualify for or wish to enter the RPA program (REQUIRED)

OTHER INFORMATION

A. Indicate Adjuster licenses obtained (State, Provincial, etc.) – please submit copies

B. List three (3) insurance industry references that will attest to your claims handling experience:

	NAME	ADDRESS	PHONE
1.	_____		
2.	_____		
3.	_____		

C. Employer Contact _____

Address _____

Phone _____ Fax _____ E-Mail _____

D. Have you ever been convicted of a felony? _____ yes _____ no

E. Have you ever been called before a professional association for disciplinary action? _____ yes _____ no

I hereby certify that the information given in this application is accurate and complete. I hereby authorize the RPA Board of Directors to contact the persons or entities listed above. I agree to be bound by the decision of the Board as to the acceptance or denial of my application to the RPA PROGRAM.

Signature _____ Date _____

MAIL WITH PROPER FEE TO:
Registered Professional Adjuster Program
PO Box 876
Downers Grove, IL 60515-0876
Phone 630-515-9340 Fax 630-515-9360
www.rpa-adjuster.com

The Registered Professional Adjusters Program is now able to process credit cards to make payment easier. If you would like to use a credit card, please fill out this form:

Name: _____ Signature: _____

_____ Visa _____ Master Card _____ AMEX _____ Discover

Card Number: _____ Exp Date: _____ Amount Authorized: _____

Billing Address: _____