



Public Adjuster Membership Application

FAPIA is a non-profit organization dedicated to establishing and maintaining the highest standards of professional conduct in the public insurance adjusting industry. FAPIA assists its members in carrying out provisions of Florida Law pertaining to the industry, uniting them for their benefit, offering continuing education and help them 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, and who agree to abide by the FAPIA Code of Ethics.

To apply for membership, complete and return this application along with a copy of your current Florida Public Insurance Adjusters License, your membership fee (can be paid by check or online) and a jpg image of yourself. Email to: Administrator@FAPIA.net or mail to 9100 South Dadeland Boulevard, Suite 1500, Miami, Florida 33156. Call Interim Managing Director, Nancy Dominguez at 407-830-4892 should you have any questions.

Applicant Name:
Company Name:
Mailing Address:
City/ST/Zip:
Company Phone Number:
Applicant Cell Phone Number:
PA License Number:
E-mail Address:
Website Address:
Year Licensed as a Public Insurance Adjuster:
Years in the insurance industry:
Have there been any administrative actions against your license in Florida or any other state? Explain the circumstances & resolution. (use additional sheets if necessary).
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:
Is this a new membership or a renewal membership?
Have you ever had a prior membership in FAPIA revoked or suspended? If yes, please describe the circumstances.

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: