



Application for Claim Management Membership

**1. Applicant Company**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**2. Proposed Primary:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Status:

Employee  Other (Explain) \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Claims Duties: \_\_\_\_\_

**3. Proposed Secondary:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Status:

Employee  Other (Explain) \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Claims Duties: \_\_\_\_\_

**The By-Laws provide that to qualify as a Claim-Management member all of the following criteria must be met .....**

1. The Claim-Management membership of the Association shall consist of firms as hereunder defined,invited to Claim Management membership by the procedure set forth. The word "firm" shall mean an entity, company, organization or claim service that manages a business portfolio for a company that either accepts or accepted insurance or reinsurance business.
2. The Claim-Management Member shall designate a representative to the Association and may designate alternate representatives to the Association. The person designated as the representative of the Claim-Management Member as well as the person or persons designated as alternate representatives of Claim-Management Members must be full-time employees of that Claim-Management member.
3. The Board of Directors may adopt no more than 5 such resolutions per year.

\_\_\_\_\_ (initial) **YES**, my "Firm" meets the By-Law requirements for Claim-Management Membership



4. Please complete the following for each business the company is managing:

Company: \_\_\_\_\_

Percentage of this company's business applicant is managing: \_\_\_\_\_

Percentage that this business contributes to the applicant company's entire business: \_\_\_\_\_

Is this business active or run-off? \_\_\_\_\_ ACTIVE \_\_\_\_\_ RUN-OFF

5. Sponsors (Two required signatures)

Member Company: \_\_\_\_\_

By: \_\_\_\_\_

Member Company: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_ Attached is our Non-refundable application fee check for \$100

\_\_\_\_\_ Attached are photographs of the proposed delegate and alternate (if one will be appointed).

\_\_\_\_\_ Photographs of our delegate and alternate (if appropriate) will be furnished as soon as our membership has been approved.

It is understood that the Board of Directors may not act on any application received by the Association prior to 90 days before their next regularly scheduled meeting. In order for an application to be considered complete, all sections must be filled in and the application fee must be paid.

It is further understood that after acceptance continued membership shall be continued upon payment of annual dues (as set by the Associations Board of Directors) and compliance with the Association's By-Laws including the requirement for regular attendance at annual meetings.

\_\_\_\_\_  
APPLICANT COMPANY

BY: \_\_\_\_\_

\_\_\_\_\_  
TITLE



INTERNATIONAL ASSOCIATION  
OF CLAIM PROFESSIONALS

## Code of Conduct

Members of the Association agree:

1. To maintain high degree of professionalism.
2. To exercise the utmost good faith in dealing with their trading partners, underwriters, assureds, intermediaries and all members of the Association.
3. To refrain from maintaining or using the status of their profession, or their affiliation with the Association, to attract business for personal financial gain in other lines of endeavor.
4. To refrain from maintaining or using their membership within the Association as a means of taking unfair advantage of competitors, or for any other purpose than those for which the association is intended.
5. To regard the businesses of insurance and reinsurance as an unusual opportunity to provide essential services to the public and to conduct themselves with dignity, courtesy and the highest degree of fairness in their relations with members of the industry and the public at large.
6. To be governed by a spirit of cooperation, helpfulness, and frankness in their relationships with fellow members to the end that each shall be better equipped, through such cooperative measures and exchange of ideas, to better perform and function and to foster the advancement and prestige of their profession.

By signing this document I acknowledge that I have read the Code of Conduct and agree to abide by it.

**BY:** \_\_\_\_\_

\_\_\_\_\_  
**TITLE**

**International Association of Claim Professionals**  
**PO Box 564**  
**Palisades, NY 10964**  
**execdirector@iaclpro.org**  
**917-861-1383**

