

DUES

Insurance: \$95.00
Non-Insurance: \$125.00
Auxiliary: \$0.00

THE NATIONAL SOCIETY OF PROFESSIONAL INSURANCE INVESTIGATORS

MEMBERSHIP APPLICATION
(Attach additional pages as necessary)



1. **Name of Applicant:** _____ **Telephone** _____

Home Address: _____

City _____ **State** _____ **Zip Code** _____ **E-Mail** _____

Date of Birth: _____ **(Optional) Social Security No.:** _____

2. **Employment:**

A. **Present Employer:** _____

Immediate Supervisor: _____

Address: _____

City _____ **State** _____ **Zip Code** _____ **Telephone:** _____

Nature of Business: _____

Date Hired: _____
Mo. Yr.

Position & Duties: _____

B. **Previous Employment:**

1. **Employer:** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Position & Duties: _____

Dates of Employment: _____ **Mo.** _____ **Yr.** _____ **to** _____ **Mo.** _____ **Yr.** _____

2. **Employer:** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Position & Duties: _____

Dates of Employment: _____ **Mo.** _____ **Yr.** _____ **to** _____ **Mo.** _____ **Yr.** _____

3. A. **Have you ever been convicted of a crime (other than a minor traffic offense)?** Yes _____ No _____

If yes, please provide details: _____

B. **Have you ever sued or been sued by an insurance company?** Yes _____ No _____

If yes, please provide Case No. and State: _____

4. **Educational Background:**

High School: _____

College: _____ **Degree:** _____

Graduate School: _____ **Degree:** _____

Professional Training Schools: _____

Professional Organizations: _____

5. State Licenses Held (Include Expiration Date & License No.): _____

A. Has any state license ever been revoked, suspended or any investigations ever undertaken concerning any license? Yes ___ No ___

If yes, please explain: _____

6. This section for applicants other than insurance company personnel.

A. What percentage of your firm's business is conducted on behalf of the insurance industry? _____

B. What percentage of your business time is spent working for:

Insurance companies _____

*Other private businesses _____

*Governmental institutions _____

*Private individuals _____

*Other _____

Total (100%) _____

*Please provide details: _____

C. Have you ever been or worked for a plaintiff in connection with an insurance matter other than a subrogation claim? Yes ___ No ___

7. References & Endorsements (Please provide two references and the endorsement of an NSPII FullMember):

A. Name: _____

Company: _____ Phone: _____

Address: _____ City _____ State _____ Zip Code _____

Position: _____

B. Name: _____

Company: _____ Phone: _____

Address: _____ City _____ State _____ Zip Code _____

Position: _____

C. Endorsement by NSPII FullMember:

Name: _____

Company: _____ Phone: _____

Address: _____ City _____ State _____ Zip Code _____

Position: _____

I endorse this applicant for membership in the National Society of Professional Insurance Investigators.

Signed: _____ Date _____

NSPII Full Member

8. Certification:

I certify that all of the information contained in this application is true and correct to the best of my knowledge. I authorize NSPII to investigate my background with respect to this application and release its officers, directors, and members from any liability in connection with their investigation. If accepted as a member, I agree to abide by the Society's Constitution and Bylaws and to adhere to its Code of Ethics.

Signature: _____ Date _____

Applicant

Please either e-mail (nspii@nspii.com), fax (740-369-7155) or mail the completed Application to NSPII, P.O. Box 88, Delaware, OH 43015.