



1. Applicant Company:

Name: _____

Address: _____

City, State, Zip: _____

Specialization / Former Specialization: _____

2. Proposed Delegate:

Name: _____

Title: _____

Status:

Employee Other (Explain) _____

Phone: _____

Fax: _____

E-Mail: _____

Claims Duties: _____

3. Proposed Alternate:

Name: _____

Title: _____

Status:

Employee Other (Explain) _____

Phone: _____

Fax: _____

E-Mail: _____

Claims Duties: _____

4. The By-Laws provide that to qualify as a Run-Off Member all of the following criteria must be met

1. The Run-Off membership of the Association shall consist of firms as hereunder defined, elected to Run-Off membership by the procedure hereafter set forth. The word "firm" shall mean an insurance and/or reinsurance company, agency or brokerage that formerly placed or accepted insurance/ reinsurance business but no longer places or accepts such business. Further, the business of the "firm" must be the management of claims the majority of which arise out of insurance/reinsurance business formerly placed or accepted by the firm.
2. The Run-Off Member shall designate a representative to the Association and may designate alternate representatives to the Association. The person designated as the representative of the Run-Off Member as well as the person or persons designated as alternate representatives of Run-Off Member must be full-time employees of that Run-Off Member.

_____ (initial) **YES**, my "Firm" meets the By-Law requirements for **Run-Off Membership**



5. Complete the following for each company whose business the applicant company is running-off (use additional sheets if necessary):

Company: _____

Percentage of that company's business applicant company is running off: _____

Percentage of applicant's company business attributable to the run-off: _____

If the foregoing does not represent 100% of the applicant company's business, please describe the applicant company's other business:

6. Proposed Representative's Ability to Contribute Knowledge:

Geographic or Claim Specialties: _____

Other Possible Contributions: _____

7. 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
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Brick, NJ 08723
Phone: 973-941-6024/Fax: 732-920-1260**