



**Canadian Independent Adjusters' Association/
L'Association Canadienne des Experts Indépendants**

**CHARTERED LOSS ADJUSTER (CLA)
APPLICATION**

Name: _____ D.O.B. _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Member of CIAA since: _____

Member of Insurance Institute of Canada since: _____

Year CIP/AIIC Attained (Provide verification): _____

Year FCIP/FIIC Attained (Provide verification): _____

FCIP/FIIC Claims Major Courses Successfully Completed	Year Completed (provide verification)

Employment History

Company: _____

Position: _____ Years: _____

Company: _____

Position: _____ Years: _____

Company: _____

Position: _____ Years: _____

CLA Exam Selections

1) Theory (Exempt: yes no)

2)

3)

I hereby certify that the above information is correct:

Date: _____ Signed: _____

Send completed application and payment to:

Canadian Independent Adjusters' Association
5401 Eglinton Avenue West, Suite 100
Etobicoke, Ontario M9C 5K6