

AN ORGANIZATION OF FLYING ADJUSTERS

Regular Membership Application

Name: _____ Address: _____

City: _____ State/Prov: _____ Postal Code: _____

Phone: () _____ (W) () _____ (H) Name of Spouse: _____

Cell: () _____ Fax: () _____ Email _____

Employer & Address: _____

How Long Employed: _____ Check If Self-Employed: / /

Are You Covered by E & O? _____ Carrier: _____

Are You a Licensed adjuster? _____ State(s)/Prov(s): _____

Total Year Adjusting Experience: _____ Lines: _____

OFA Member Sponsor: _____

Aviation Adjusting Experience

Years as Aviation Adjuster: _____ Years With Current Employer: _____

Aircraft Specialties (if any): _____

Handles (Ck Which): Acft Liab: _____ Acft Hull: _____ Airport Liab: _____ Aviation Products Liab: _____

Hangarkeepers: _____ Fuel Farms: _____ Claims for Aircraft Under Part 91 _____ Parts 121 or 135 _____

Other: _____ No. Aviation Claims Handled Last 12 Months: _____ Previous 12 Months: _____

Aviation Insurance Company References (Up To Three)

Company: _____ Claim Mgr/Supv: _____

Company: _____ Claim Mgr/Supv: _____

Company: _____ Claim Mgr/Supv: _____

Geographical Area Served: _____

Airman/Aircraft Information

Are You a Pilot? _____ Certificate No. _____ Type of License: _____

Instrument Qualified? _____

OFA Membership Application, page 2 of 2

Are You SEL: ___ MEL: ___ CFI/II: ___ D/Exam: ___ Other: _____

M&M Usually Flown: _____ Owned: ___ Rental: ___ Club: ___ Employer's: ___

Total Hours as PIC: _____ Total Hours X-Country: _____ Total Hours IFR: _____

Any Type Ratings? _____

Are You a Mechanic? ___ Certificate No. _____ Type of License: _____

Schools/Universities Attended & Yr of Completion: (Avn & Non-Avn) _____

Degrees, Certificates or Professional Designations Conferred: _____

Associations & Affiliations (Aviation or Other Claims) _____

Personal

Past Employment (Last 10 Years):

Name/Address: _____

Job Description: _____ Dates: _____

Name/Address: _____

Job Description: _____ Dates: _____

Name/Address: _____

Job Description: _____ Dates: _____

Military:

Branch of Service: _____ Dates: _____ Highest Grade: _____

I certify that the foregoing information is true and accurate to the best of my recollection.

Signature of Applicant: _____ Date: _____

Note: Mail this application together with a passport-type photo along with any other information you wish us to consider to OFA Membership Chairman. Photo is mandatory. Please also enclose with this application your check for \$150.00 to OFA; if you are not favorably considered, \$125.00 will be returned to you with \$25.00 retained as a processing fee.