

CERTIFICATION OF PARENT’S ELIGIBILITY

PARENT

APPLICANT’S NAME RELATIONSHIP

INSURANCE AFFILIATION (EG: ADJUSTER, APPRAISER)

JOB TITLE / DESCRIPTION EMPLOYER

LOCAL CLAIMS ASSOCIATION MEMBERSHIP YEARS

This is to certify that the above named person has been a member, in good standing, of the _____ Claims Association for the 2 previous calendar years. The member’s local dues for this year are current and our Association is responsible to pay this Member’s State Dues.

State Director (or Treasurer if Director is parent of Applicant)

DATE