**APPLICATION FORM FOR EMPANELMENT OF SURVEYOR-SMP 2024-25**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | Name of the Applicant**(Attach Self attested Identity Proof )** |  |  |  |
| First  | Middle | Last |
| **2.** | Individual / Corporate |  |
| **3.** | Address of the Applicant(Registered Address of the Corporate Firm)**(Attach self-attested address proof)** |  |
|  |
|  | CITY: |
| PINCODE: | STATE: |
| **4.** | Contact Number (Tel.) |  |
| **5.** | Email Address\* |  |

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| **(Information on Item Nos. 6 to 11 should be provided for all the Directors/Partners of the Corporate)****(Please attach separate sheet for subsequent Directors/Partners of the Corporate)** |
| **6.** | Qualifications **(Attach Self attested Qualification Proof)** | Academic |  |
| Professional |  |
| Insurance |  |
| **7.** | Date of Birth**(Attach Self attested DoB Proof)** |  |  |  |
| DD | MM | YYYY |
| **8.** | Membership with IISLA **(Attach Self attested copy of Membership)** |  |  |  |
| Membership no. | Level(F/A/L) | YYYY |
| **9.** |  IRDAI License No. **(Attach Self attested Copy of License)** |  |  |
| NUMBER | YYYY |
| **10.** | License valid up to |  |  |  |
| DD | MM | YYYY |
| **11.** | State allocation of departments and Level of Membership: |
| Department | Fire | Marinecargo | MarineHull | Engg. | Motor | Misc | CropInsurance | LOP |
| **11.A New applicants** |  |  |  |  |  |  |  |  |
| **11.BApplying for additional LoB\*** |  |  |  |  |  |  |  |  |
| \* Already empanelled Surveyors applying for additional LoB for which license obtained subsequently OR not empanelled during last exercises for any particular LoB |
| **12.** |  Preferred area(s) of Operations (CITY/DISTRICT/STATE): |  |
| **13.** | Experience  | As Independent Surveyor | **\_\_\_\_\_Years \_\_\_\_\_ Months** |
| Under Senior Surveyor **(Attach Self attested Certificate from Senior Surveyor)** | **\_\_\_\_\_Years \_\_\_\_\_ Months** |
| **14.A** | Are you already empanelled with any other General Insurance Company(s)? If so**,** details thereof**.****(Attach Self attested Proof of Empanelment**) |  |
| **LoB/s** |
|  |  |
| **PSGICs** | **Private GICs** |
|  |
| **15.** | Has your application for empanelment been rejected by any General Insurance Company / have you been de-empanelled by any General Insurance Company / have you been penalized by IRDAI during last three Financial Years?  |  |
| Yes | No |
| **16.** |  If so, details thereof. (Last Three Financial Years) |  |
| **17.** |  Will working as a surveyor be your sole occupation? | Yes | No |
| **Declaration**: I confirm that the documents submitted by me/authorized signatory of the firm are in order and I agreed to attend the interview either in person or through virtual mode at the place identified by the interviewing authority. I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief. |
| Signature |  |
| Place |  |
| Date |  |

*(Please note that mere eligibility, filing application and attending interview does not confer any right on the part of the applicant to be empanelled.)*