

APPLICATION FOR CAIP DESIGNATION



The information on this application will be used to evaluate your candidacy for the Certified Aviation Insurance Professional (CAIP) designation. Please complete all information. Incomplete applications will be returned. If information request does not apply to you, please indicate with N/A.

Return this application to AIA along with proof of completion of the required courses (or exemption documentation), proof of college degree (if applicable), letter from current employer with your start date and your \$150 non-refundable application fee. All applications are due at AIA headquarters **NO LATER THAN FEBRUARY 28**.

PERSONAL DATA

Name _____ Title _____

Company _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ Fax _____

E-mail _____

Highest Education Completed: (Please check one)

- High School
- Associate Degree
- Bachelors Degree
- Masters Degree
- Doctorate

EDUCATIONAL BACKGROUND

If you've a college degree, please list your most recent University information below and include proof of your diploma. If you do not have a college degree, you do not need to complete this portion of the application.

College _____

City _____

State _____

Major _____

Degree _____

Date of Graduation _____

PLEASE INCLUDE THE FOLLOWING:

Required Courses

- CPCU 530 — Business Law for Insurance Professionals
- CPCU 520 — Insurance Operations
- CPCU 552 — Commercial Liability Risk Management and Insurance
- CPCU 500 — Foundations of Risk Management & Insurance
- AIA's Aviation Insurance and Risk Management Course

Employment Confirmation

- Letter from current employer

Membership Status

- Current member of Aviation Insurance Association

Educational Background

- Proof of College degree (if applicable)

Waivers

- Proof of CIC Designation
- Proof of CPCU Designation
- Proof of CPCU 2 (will wave the required course CPCU 552)

Fee

- \$150 Application Fee

Approved _____ Declined _____

Date _____

Signature _____

WORK HISTORY

I have been employed full-time in the aviation insurance industry for _____ years _____ months. (Please remember that you must have at least 5 years of full-time aviation insurance experience in order to earn the designation).

Please complete the work history information below. Please attach additional pages if needed.

Start Date _____ End Date _____ Company _____ Title _____

What were your duties in this position?

Start Date _____ End Date _____ Company _____ Title _____

What were your duties in this position?

Start Date _____ End Date _____ Company _____ Title _____

What were your duties in this position?

REFERENCES

Please provide four character references who have known you for at least three years. These references must be from the aviation insurance industry and have a personal knowledge of your business dealings. These references should not be relatives. **Only one of these references can be from your current employer.** These references will be called by the AIA Education Committee, so please secure your references' agreement to serve as your reference.

Name _____ Firm _____

Address _____

Phone _____ Fax _____

Name _____ Firm _____

Address _____

Phone _____ Fax _____

Name _____ Firm _____

Address _____

Phone _____ Fax _____

Name _____ Firm _____

Address _____

Phone _____ Fax _____

AGREEMENTS

1. To enable the AIA Educational Institute to check my qualifications, the Institute may, for that purpose, reveal the fact that I have applied for permission to take the CAIP examination. I authorize the AIA Educational Institute to use, directly or through others, any such potential source of information as may be reasonably necessary to accomplish such purpose.
2. I agree that the AIA Educational Institute shall have the right to decline my application based on reasons that, in its sole judgment, it shall deem proper.
3. I understand that passing the examinations is not the sole requirement for the CAIP designation, and I agree that I shall not be entitled to receive that designation unless I meet all requirements established by the AIA Educational Institute, whose sole judgment I agree shall be final.
4. I agree that as a condition of the acceptance of my application and of my continued good standing as a CAIP candidate and as the holder of the CAIP designation, I shall abide by the Code of Professional Ethics as published by the AIA Educational Institute.
5. I certify that all the statements in this Application are complete and true to the best of my knowledge.
6. I understand that any false statement or misrepresentation of information or documents that I make in the course of this application for CAIP designation or subsequent proceedings may result in the revocation of this application and the withdrawal of the CAIP designation.

Signature _____ Date _____

IMPORTANT

Return this application to AIA along with proof of completion of required courses (or exemption documentation), letter from your current employer, proof of college degree (if applicable) and your \$150 non-refundable application fee.

This application must reach AIA **NO LATER THAN FEBRUARY 28**. No applications will be accepted for that year's conference after that date. If you submit your application after that date, it will be reviewed during the next year's approval process.

Check (payable to AIA) American Express MasterCard Visa

Card No. _____

Signature _____ Exp. Date _____

Return this completed application to:

Aviation Insurance Association
Attn: Mandie Bannwarth
7200 W. 75th Street
Overland Park, KS 66204
Fax: 913-381-2515
mandie@aiaweb.org