

Aviation Insurance Association
APPLICATION FOR CAIP DESIGNATION



The Certified Aviation Insurance Professional (CAIP) designation is designed to elevate the aviation insurance industry's professional standards, enhance individual performance, and recognize and designate those who demonstrate the knowledge essential to understanding and managing the concerns of the aviation insurance industry.

The information on this application will be used to evaluate your candidacy for the CAIP designation. Please complete all information. Incomplete applications will be returned. If information requested 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 have a college degree, please list your most recent Univer-sity 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:

Proof of Completion of Required Courses

- CPCU 500 - Managing Evolving Risks
- CPCU 520 - Connecting the Business of Insurance Operations
- CPCU 530 - Navigating the Legal Landscape of Insurance
- CPCU 552 - Addressing Commercial Liability Risk
- AIA's Aviation Insurance Core Principles & Concepts

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

Fee

- \$150 Application Fee

OFFICE USE ONLY

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 _____ Company _____

Address _____

Phone _____ Email _____

Name _____ Company _____

Address _____

Phone _____ Email _____

Name _____ Company _____

Address _____

Phone _____ Email _____

Name _____ Company _____

Address _____

Phone _____ Email _____

AGREEMENTS

1. To enable the AIA Education Committee to check my qualifications, the Education Committee may, for that purpose, reveal the fact that I have applied for permission to take the CAIP examination. I authorize the AIA Education Committee 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 Education Committee 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 Education Committee 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 have read and shall abide by the Code of Professional Ethics as published by the AIA Education Committee.
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.

PAYMENT INFORMATION

- CHECK (please make payable to: Aviation Insurance Association)
- CREDIT CARD (payments can only be accepted over the phone for security purposes)

Please send completed form to
info@aiaweb.org

or mail to: Aviation Insurance Association | 2365 Harrodsburg Road, Suite A325, Lexington, KY 40504
For questions, please call 859.219.3545 or 866.939.0934