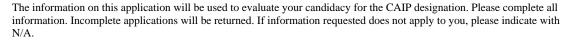
APPLICATION FOR CAIP DESIGNATION

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.





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.

PER	SONAL DATA						
Name Title							
Compa	any						
Mailin	g Address						
City	State	ZIP	Country				
Phone		Fax					
E-mail							
Highest Education Completed: (Please check one) High School Associate Degree			PLEASE INCLUDE THE FOLLOWING: Required Courses				
	☐ Bachelors Degree ☐ Masters Degree ☐ Doctorate		☐ CPCU 530 — Business Law for Insurance Professionals ☐ CPCU 520 — Insurance Operations ☐ CPCU 552 — Commercial Liability Pick Management				
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.			 ☐ CPCU 552 — Commercial Liability Risk Management and Insurance ☐ CPCU 500 — Foundations of Risk Management & Insurance ☐ AIA's Aviation Insurance Core Principles & Concepts Employment Confirmation ☐ Letter from current employer 				
College City	e		Membership Status ☐ Current member of Aviation Insurance Association Educational Background ☐ Proof of College degree (if applicable)				
State Major			Waivers ☐ Proof of CIC Designation ☐ Proof of CPCU Designation ☐ Proof of CPCU 2 (will wave the required course CPCU 552)				
Date of	f Graduation		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? End Date Company Title Start Date 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. Firm Name Address Fax Phone Firm Name Address Fax Phone Name Firm Address Fax Phone

Firm

Fax

Name

Phone

DECLARATION & STATEMENTS 1. Have you ever been requested to appear in court, before any public official, a committee of any professional or business organization, or otherwise because of criticism of any of your conduct relating to insurance? ☐ YES 2. Has a business-related license or professional designation you held ever been revoked, suspended, or withdrawn by action of any regulatory or designation-granting authority? ☐ YES □ NO Has a business-related license or professional designation held by any person, partnership, or organization with which you 3. have been affiliated been revoked, suspended, or withdrawn by any regulatory or designation-granting authority during the time of your affiliation? ☐ YES □ NO Have you ever been fined, disciplined, admonished, or ordered to discontinue a business practice or conduct by any 4. regulatory authority or other public official or court? (Do not include motor-vehicle, traffic, parking, or speeding violations.) ☐ NO ☐ YES Have you ever been requested to appear in court, before any public official, a committee of any professional or business 5. organization, or otherwise because of criticism of any of your conduct not relating to insurance? (Do not include motorvehicle, traffic, parking, or speeding violations.) ☐ YES □ NO Every YES answer requires a full explanation of the circumstances and outcome. If additional space is necessary, attach a separate sheet of paper.

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Signature

Card No.

- 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 Education Committee to use, directly or through others, any such potential source of information as may be reasonably necessary to accomplish such purpose.
- 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 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.

IMPORTANT	
Return this application to AIA along with proof of completion of required courses (or exemption documentatio	n), letter from you
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.

Date

☐ Check (payable to AIA) ☐ American Express ☐ MasterCard ☐ Visa

Signature Exp. Date
Security Code

Scan and E-mail this completed application to Mandie Bannwarth at mandie@aiaweb.org