

# Application for CAI's Community Insurance & Risk Management Specialist Designation

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FOR OFFICIAL USE ONLY

MEMBERSHIP	DESIG/LIC	FORMAL EDU	SECTION I	SECTION II	SECTION III	TOTAL
COMMENTS:						

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# CAI's Community Insurance & Risk Management Specialist (CIRMS) Designation

## Application Instructions

1. Read the "Eligibility for Specialist Designation," and "CIRMS Designation Requirements," and all other pages of this application carefully before filling in the requested information.
2. Type or print all answers clearly in blue or black ink.
3. Use extra sheets of paper if you need more space for the requested information.
4. Be accurate and thorough in completing all sections of this application. CAI reserves the right to reject any application if evidence shows the applicant has made false or misleading statements in the application or in any supporting documentation.
5. Payment is due with this application. Check or money order, payable to CAI, must be included with the application for this candidate only. For your convenience, we also accept Visa, Master Card, American Express and Discover (see payment form on page 10).

## Eligibility for Specialist Designation

1. Submit completed application and initial fee.
2. Be of satisfactory legal and ethical standing in the insurance industry.
  - a. Provide three references from community association industry professionals.
  - b. Provide five references from different clients.
3. Have five years experience as a practitioner in the community association insurance industry. A practitioner is an individual primarily compensated to consult, advise, and/or provide insurance services for community associations. Such individuals include but are not limited to agents, brokers, producers, customer service representatives, underwriters, claims adjusters, claims managers, insurance consultants, and full time insurance coordinators.
4. Satisfy one of the following:
  - a. Responsibility as an insurance practitioner (specifically as an agent, broker, or producer) for at least 25 association insurance programs within the past three calendar years.
  - b. Demonstrated significant involvement in the provision of insurance and risk management services to community associations. Such services include insurance consulting reviews, loss control inspections, program analysis and recommendations, and others. This does not include the day to day operational insurance duties performed by association management or a community manager.
5. Renew CIRMS designation annually by paying annual maintenance fee in August of each year.

# CIRMS Designation Requirements

**Education and Participation Requirements:** CAI believes that all insurance and risk management professionals who wish to be designated as specialists must participate in CAI activities, must demonstrate knowledge of community associations, must remain active in the profession, and must participate in continuing education. To earn the CIRMS designation, within the past seven (7) years a total of 100 points must be attained for relevant activities in three areas. Please refer to right column for point value for each item.

## I. Completion of Specific Educational Sessions (40 points required in section I)

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- |  |    |
|--|----|
| a. M-100: The Essentials of Community Association Management (pass or facilitate course) | 40 |
| b. M-205: Risk Management (pass or facilitate course)                                    | 40 |
| c. M-330: Advanced Insurance and Risk Management (attend or facilitate course)           | 40 |
| d. Insurance designations  |    |
| 1. CPCU  | 15 |
| 2. ARM   | 5  |
| 3. CIC   | 10 |
| 4. AIS   | 5  |
| 5. CRM   | 10 |
| 6. Other   | 5  |
| e. CAI National conference insurance or risk management sessions                         | 10 |

## II. CAI Professional Leadership—National and Local (20 points required for section II)

- |  |    |
|--|----|
| a. CAI Trustee, Foundation for Community Association Research Director, or NBC-CAM Commissioner (per year) | 20 |
| b. CAI Chapter Board (per year )   |    |
| 1. Member  | 10 |
| 2. Officer   | 20 |
| c. Member of CAI National Committee (per year)   | 10 |

*continued on next page*

d. Member of IRMPNC (per year)	10
e. Member of local chapter committee (per year)	5
<b>III. CAI Participation—National and Local (40 points required in section III)</b>	
a. Attend CAI national conferences (each)	10
b. Attend local chapter seminars (each)	5
c. Presenter at CAI national programs	10
d. Presenter at CAI chapter seminars	10
e. Written articles for CAI and other publications	
1. Chapter	10
2. 500 word article for national office	10
3. 1,000 word article for national office	15
4. 1,500 word article for national office	20
5. Article for other publication	10
f. Other activities appropriate to a CAI insurance and risk management professional (each)	5
g. ABC's facilitator (each session)	5
h. National ad hoc assignment (each assignment)	5
i. Attend CAI Law Seminar (each)	10

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# CIRMS Designation Application

The CIRMS designee must continue to be responsible for 25 association clients within each three-year period or otherwise continue the activities which enabled initial credential approval. During each three years, the designee must accumulate 75 points as per the schedule above. Renewal applications, required every third year, will require documentation of this experience.

## **Applicant Information** *(Please print)*

CAI Member Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
(Professional Membership number required for member application rate)

Full Name \_\_\_\_\_ Current Title \_\_\_\_\_  
Firm/Association \_\_\_\_\_

**Office:** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Please indicate if this is an address change

**Home:** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please indicate if this is an address change

## **Applicant Employment/Business Summary**

**Present Employer/Business** \_\_\_\_\_

Date Employed/Business: from (month and year) \_\_\_\_\_ until: (month and year) \_\_\_\_\_

Position/Title \_\_\_\_\_

Position Responsibilities \_\_\_\_\_

Number of community associations as insurance clients \_\_\_\_\_

**Prior Employer/Business (if less than 5 years)** \_\_\_\_\_

Date Employed/Business: from (month and year) \_\_\_\_\_ until: (month and year) \_\_\_\_\_

Position/Title \_\_\_\_\_

Position Responsibilities \_\_\_\_\_

Number of community associations as insurance clients \_\_\_\_\_

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# References

## Professional References

1. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_
2. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_
3. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Client References

1. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Number of Years \_\_\_\_\_
2. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Number of Years \_\_\_\_\_
3. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Number of Years \_\_\_\_\_
4. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Number of Years \_\_\_\_\_
5. Name \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Number of Years \_\_\_\_\_

## Education

Highest academic level completed \_\_\_\_\_

Institution \_\_\_\_\_

Degree/certificate \_\_\_\_\_

Professional designation

- |                                      |    |
|--------------------------------------|----|
| <input type="checkbox"/> CPCU        | 15 |
| <input type="checkbox"/> CIC         | 10 |
| <input type="checkbox"/> ARM         | 5  |
| <input type="checkbox"/> AIS         | 5  |
| <input type="checkbox"/> CRM         | 10 |
| <input type="checkbox"/> Other _____ | 5  |

## CAI Specific Education

- |   |             |    |
|---|-------------|----|
| <input type="checkbox"/> M-100—pass or facilitate | Date: _____ | 40 |
| <input type="checkbox"/> M-205—pass or facilitate | Date: _____ | 40 |
| <input type="checkbox"/> M-330—pass or facilitate | Date: _____ | 40 |

CAI national conference insurance or risk management sessions

- |               |             |    |
|---------------|-------------|----|
| Session _____ | Date: _____ | 10 |
| Session _____ | Date: _____ | 10 |
| Session _____ | Date: _____ | 10 |
| Session _____ | Date: _____ | 10 |
| Session _____ | Date: _____ | 10 |

Additional CAI courses

- |              |             |   |
|--------------|-------------|---|
| Course _____ | Date: _____ | 5 |
| Course _____ | Date: _____ | 5 |

## CAI Participation—National

Attended national conferences/Law Seminar

- |   |                |    |
|---|----------------|----|
| Location _____                                  | Date: _____    | 10 |
| Location _____                                  | Date: _____    | 10 |
| Location _____                                  | Date: _____    | 10 |
| Location _____                                  | Date: _____    | 10 |
| Location _____                                  | Date: _____    | 10 |
| Location _____                                  | Date: _____    | 10 |
| <input type="checkbox"/> National Trustee       | Date(s): _____ | 20 |
| <input type="checkbox"/> Foundation Director    | Date(s): _____ | 20 |
| <input type="checkbox"/> NBC-CAM Commissioner   | Date(s): _____ | 20 |
| <input type="checkbox"/> CAI national committee | Date(s): _____ | 10 |
| <input type="checkbox"/> Member of IRMPNC       | Date(s): _____ | 10 |

### CAI Leadership—Local

- CAI chapter board member (per year) 10
- CAI chapter officer (per year) 20

#### Chapter committees

Committee _____	Date: _____	5
Committee _____	Date: _____	5
Committee _____	Date: _____	5
Committee _____	Date: _____	5
Committee _____	Date: _____	5

#### Attend local chapter conference/seminars

Event/Seminar _____	Date: _____	5
Event/Seminar _____	Date: _____	5
Event/Seminar _____	Date: _____	5
Event/Seminar _____	Date: _____	5
Event/Seminar _____	Date: _____	5

### CAI Leadership—National

#### Presenter at CAI national conference/Law Seminar

Seminar _____	Date: _____	10
Seminar _____	Date: _____	10
Seminar _____	Date: _____	10
Seminar _____	Date: _____	10
Seminar _____	Date: _____	10

#### Articles for *Common Ground* or other CAI national publications

(500 words—10 points)    (1,000 words—15 points)    (1,500 words—20 points)

Article _____	Date: _____	10/15/20
Article _____	Date: _____	10/15/20
Article _____	Date: _____	10/15/20

ABC's facilitator \_\_\_\_\_ 5

National ad hoc assignment \_\_\_\_\_ 5

Other activities \_\_\_\_\_ 5

### CAI Participation—Local

Presenter at CAI chapter seminars

Seminar \_\_\_\_\_ Date: \_\_\_\_\_  
Seminar \_\_\_\_\_ Date: \_\_\_\_\_  
Seminar \_\_\_\_\_ Date: \_\_\_\_\_  
Seminar \_\_\_\_\_ Date: \_\_\_\_\_

10  
10  
10  
10

Articles written for chapter publications

Article \_\_\_\_\_ Date: \_\_\_\_\_  
Article \_\_\_\_\_ Date: \_\_\_\_\_  
Article \_\_\_\_\_ Date: \_\_\_\_\_

10  
10  
10

Other chapter activities \_\_\_\_\_

5

### Other Professional Information

List other affiliations/activities pertinent to your service of community associations \_\_\_\_\_

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## **Applicant's Affidavit**

- Yes No Have you ever been involved in reorganization for the benefit of creditors or in bankruptcy as a debtor? If yes, attach a detailed explanation.
- Yes No Have you ever been convicted of fraud, misrepresentation, or misappropriation of funds or property? If yes, attach a detailed explanation.
- Yes No Have you ever been convicted of a felony or misdemeanor, or imprisoned under sentence for any felony or misdemeanor (except traffic violations) in the last ten years? If yes, attach a detailed explanation.
- Yes No Have you ever been subject to disciplinary action by any professional organization? If yes, attach a detailed explanation.
- Yes No Has your Insurance License ever been revoked or suspended.

## **Please Read the Following and Affirm by Signing Below**

I have read and understand the application instructions and all the rules and regulations. All of the information provided is complete and correct to the best of my knowledge and belief. If I made or at any time make statements with knowledge of its falsity, I understand that it shall be cause for denial or revocation of the CIRMS designation.

I shall not present myself to anyone as being a CIRMS designee until such time as I receive written confirmation of the receipt of my designation from CAI's national office.

I shall conduct myself in accordance with the Professional Code of Ethics for Insurance and Risk Management Professionals and shall be bound by the bylaws and regulations of CAI and the Credentials Committee. I understand that CAI reserves the right to revise or update this application and the Manager Code of Ethics, and that it is my responsibility to be aware of CAI's current requirements.

I shall supply all additional information requested by CAI upon request. I shall pay annual fees as set by CAI.

I agree that CAI may censure, suspend or revoke or otherwise terminate my application or designation, if awarded, in accordance with the adopted policies of CAI; and CAI may disclose its actions, in full or in part, to the members of CAI and the general public.

I waive and forever release all claims and demands, or causes of action that I may have now or may in the future have against CAI, its members, trustees, officers and employees in awarding the CIRMS designation, failing to award the CIRMS designation or in censuring, suspending or revoking the CIRMS designation.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Payment Information

CIRMS Application Fee:  Member \$205  Non-member \$305

Enclosed is check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to CAI.

Please charge my credit card:

Visa  MasterCard  AmEx  Discover in the amount of \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

*The non-refundable CIRMS application fee is due in full with this application. Please do not combine this payment with any other candidate fees or amounts.*

*To expedite processing, you may charge the application fee and fax a copy of your application. In addition to faxing the application, please mail the original and advise our office on the application that it has been faxed.*

### **Please send completed application and fee to:**

Community Associations Institute  
Designations Department  
6402 Arlington Blvd., Suite 500  
Falls Church, VA 22042  
Phone: (888) 224-4321  
Fax: (703) 970-9558  
[www.caionline.org](http://www.caionline.org)

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# Community Insurance & Risk Management Specialist (CIRMS)

## Code Of Ethics

Established December 2002

The Community Insurance & Risk Management Specialist shall:

1. Act at all times with integrity and concern for his/her clients;
2. Not make any inaccurate or misleading representations or statements to a prospective client;
3. Undertake only those engagements the Community Insurance & Risk Management Specialist can reasonably expect to perform with professional competence;
4. Exercise due care and exhibit adequate planning and supervision;
5. Strive to establish and maintain dignified and honorable relationships with those whom they serve, with fellow practitioners, and with members of other professions;
6. Obey all laws and regulations, and avoid any conduct or activity which would cause unjust harm to others;
7. Conduct himself or herself in accordance with the Community Insurance & Risk Management Specialist requirements;
8. Not hold himself or herself out to anyone as being a CIRMS designee until such time as he or she receives written confirmation from CAI of receipt of designation;
9. Abide by the redesignation policy of CAI; and
10. Assist in improving the public understanding of community association insurance and risk management.

**Compliance with the Community Insurance & Risk Management Specialist (CIRMS) Code of Ethics is further amplified in the code clarification document provided by Community Associations Institute.**

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# Code Clarification Document

## **A. Authority**

The code derives its authority from Community Associations Institute (CAI). CAI's board of trustees has established a minimum standard of professional ethical performance for those individuals who receive the Community Insurance & Risk Management Specialist (CIRMS) designation from CAI.

Those individuals or entities who have received the Community Insurance & Risk Management Specialist (CIRMS) designation from CAI are subject to this code.

## **B. Definitions**

The code shall apply in any client relationship where the CIRMS receives some form of compensation for professional services offered or provided to the client.

Because the code is designed to establish a standard of conduct for the Community Insurance & Risk Management Specialist, it is equally applicable to both individuals and firms. An individual who agrees to abide by this code shall also be responsible for ensuring that any other person or firm under his/her supervision shall also comply with the code.

## **C. Future**

The board of trustees may expand application of this code, and reserves the right to update or amend both the code of ethics and the code clarification document. Any such revision, updating or amendment shall be promptly promulgated to Community Insurance & Risk Management Specialist (CIRMS) members and, after due notice, will apply to all members subject to the code.

## **D. Disciplinary Action**

After an internal investigation and hearing as provided in CAI's Ethics Enforcement Procedures Policy, a Community Insurance & Risk Management Specialist (CIRMS) found to be in violation of this code shall face a sanction in accordance with the enforcement policies adopted by the CAI board of trustees. The extent of such sanction shall be commensurate with the nature, severity, and intent of the violation. In a situation where a firm, principal(s), or supervisory staff are involved, sanctions may be imposed on more than one individual or the firm itself.

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**Please answer the following questions:**

1. Have you ever been convicted of fraud, misrepresentation, or misappropriation of funds or property? If yes, attach a detailed explanation.  Yes  No
2. Have you ever been subject to disciplinary action by any professional organization? If yes, attach a detailed explanation.  Yes  No

**E. Signature**

By signing below, I agree to abide by CAI's Community Insurance & Risk Management Specialist (CIRMS) Code of Ethics and to be subject to disciplinary action as adopted by the board of trustees.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Firm Name: \_\_\_\_\_  
(If employed by a firm or are a principal or supervisory staff member of the firm)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Officer of that firm, if applicable)

Acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_ Notary Commission Expiration Date: \_\_\_\_\_



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