

# Community Insurance & Risk Management Specialist® (CIRMS®) Designation Application

## Prerequisites

- Be of satisfactory legal and ethical standing in the insurance industry.
  - Provide three references from community association industry professionals.
  - Provide five references from different clients.
- Have five full 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.
- Satisfy one of the following:
  - Responsibility as an insurance practitioner (specifically as an agent, broker, or producer) for at least 25 association insurance programs within the past three full calendar years.
  - 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.

## Application Instructions

- Read the “Prerequisites” above, and “CIRMS Designation Requirements,” and all other pages of this application carefully before filling in the requested information.
- Fill in this application with Adobe Acrobat Reader or print clearly in ink. To work in Reader: save the file on your computer’s desktop, complete the form, and save again using your last name in the filename (e.g., CIRMS\_Jones.pdf) before printing. If additional pages are needed, please label clearly and attach to this application.
- 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.
- Submit completed application with non-refundable application fee to the CAI headquarters office, 6402 Arlington Blvd., Suite 500, Falls Church, VA 22042, fax to (240) 524-2424, or e-mail to payments@caionline.org.  
Fees: \$205 for business partner members of CAI and \$475 for non-members.

**For Official Use Only**

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

# 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)

	FOR OFFICIAL USE ONLY
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

## II. CAI Professional Leadership—Headquarters and Chapter (20 points required for section II)

A. CAI TRUSTEE, FOUNDATION FOR COMMUNITY ASSOCIATION RESEARCH DIRECTOR, OR CAMICB COMMISSIONER (PER YEAR)	20
B. MEMBER OF CAI HEADQUARTERS COMMITTEE (PER YEAR)	10
C. CAI CHAPTER BOARD (PER YEAR )	
1. MEMBER	10
2. OFFICER	20
D. MEMBER OF CAI CHAPTER COMMITTEE (PER YEAR)	5
E. MEMBER OF IRMPNC (PER YEAR)	10

### III. CAI Participation—Headquarters and Chapter (40 points required in section III)

		FOR OFFICIAL USE ONLY
A.	ATTEND CAI HEADQUARTERS CONFERENCES / LAW SEMINAR (EACH)	10
B.	CAI HEADQUARTERS CONFERENCE / LAW SEMINAR INSURANCE OR RISK MANAGEMENT SESSIONS	10
C.	ATTEND CAI CHAPTER INSURANCE OR RISK MANAGEMENT SESSIONS	5
D.	PRESENTER AT CAI HEADQUARTERS AND CHAPTER PROGRAMS	10
E.	WRITTEN ARTICLES FOR CAI AND OTHER PUBLICATIONS	
1.	500 WORD ARTICLE FOR HEADQUARTERS	10
2.	1,000 WORD ARTICLE FOR HEADQUARTERS	15
3.	1,500 WORD ARTICLE FOR HEADQUARTERS	20
4.	CHAPTER	10
5.	ARTICLE FOR OTHER PUBLICATION	10
F.	OTHER ACTIVITIES APPROPRIATE TO A CAI INSURANCE AND RISK MANAGEMENT PROFESSIONAL (EACH)	5









## Client References (cont'd.)

▼ NAME	
<input type="text"/>	
▼ FIRM (IF APPLICABLE)	▼ YEARS KNOWN
<input type="text"/>	<input type="text"/>
▼ ADDRESS	
<input type="text"/>	
▼ EMAIL	▼ PHONE
<input type="text"/>	<input type="text"/>

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

## CAI Specific Education

Please indicate the city, month and year each course was taken and attach program completion certificates or course transcripts.

	▼ DATE (MM/YY)	▼ CITY	POINT VALUE
M-100—PASS OR FACILITATE	<input type="text"/>	<input type="text"/>	40
M-205—PASS OR FACILITATE	<input type="text"/>	<input type="text"/>	40
M-330—PASS OR FACILITATE	<input type="text"/>	<input type="text"/>	40

## Professional Designations or Licenses

Please indicate the date you received any of the following, as well as relevant certificate or license numbers.

	▼ DATE (MM/YY)	▼ CERTIFICATE OR LICENSE NUMBER	POINT VALUE
CPCU DESIGNATION	<input type="text"/>	<input type="text"/>	15
ARM DESIGNATION	<input type="text"/>	<input type="text"/>	5
CIC DESIGNATION	<input type="text"/>	<input type="text"/>	10
AIS DESIGNATION	<input type="text"/>	<input type="text"/>	5
CRM DESIGNATION	<input type="text"/>	<input type="text"/>	10
OTHER DESIGNATION	<input type="text"/>	<input type="text"/>	5



## II. CAI Professional Leadership— Headquarters and Chapter (20 points required)

**CAI Headquarters Leadership** (List specific assignments. Minimum one year of service required.)

	▼ FROM DATE (MM/YY)	▼ TO DATE (MM/YY)	POINT VALUE
TRUSTEE _____	<input type="text"/>	<input type="text"/>	20
FOUNDATION DIRECTOR _____	<input type="text"/>	<input type="text"/>	20
CAMICB COMMISSIONER _____	<input type="text"/>	<input type="text"/>	20
COUNCIL/COMMITTEE MEMBER _____	<input type="text"/>	<input type="text"/>	10
COUNCIL/COMMITTEE MEMBER _____	<input type="text"/>	<input type="text"/>	10

**CAI Chapter/Related Leadership** (List chapter/assignments. Minimum one year of service required.)

	▼ FROM DATE (MM/YY)	▼ TO DATE (MM/YY)	POINT VALUE
BOARD MEMBER _____	<input type="text"/>	<input type="text"/>	10
OFFICER _____	<input type="text"/>	<input type="text"/>	20
COMMITTEE/TASK FORCE MEMBER _____	<input type="text"/>	<input type="text"/>	5
COMMITTEE/TASK FORCE MEMBER _____	<input type="text"/>	<input type="text"/>	5
COMMITTEE/TASK FORCE MEMBER _____	<input type="text"/>	<input type="text"/>	5
IRMPNC MEMBER _____	<input type="text"/>	<input type="text"/>	10

## III. CAI Participation—Headquarters and Chapter (40 points required)

Please include all relevant details and attach additional sheets if necessary.

**CAI headquarters conference/Law Seminar attendance**

POINT VALUE

▼ DATE (MM/YY)	▼ LOCATION	
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	10
<input type="text"/>	<input type="text"/>	10

**CAI headquarters conference/Law Seminar insurance or risk management sessions**

▼ DATE (MM/YY)	▼ TOPIC(S)	
<input type="text"/>	_____	10
<input type="text"/>	_____	10
<input type="text"/>	_____	10
<input type="text"/>	_____	10



# IV. Community Associations Institute Community Insurance and Risk Management Code of Ethics

The Community Insurance and Risk Management 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 and Risk Management Code of Ethics is further amplified in the Code Clarification Document provided by Community Associations Institute.**

## IV. 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.

### Please answer the following questions.

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 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 been found liable or had a judgment or consent decree entered against you in civil court related to any business or professional matter or in any other civil case (with the exception of any domestic or family law, e.g., divorce or child custody) in the last ten years? *If yes, attach a detailed explanation and include a copy of the judgment entered against you.*  YES  NO

Have you ever been convicted of fraud, misrepresentation, misappropriation of funds or property? *If yes, attach a detailed explanation.*  YES  NO

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## IV. Code Clarification Document (cont'd.)

Do you know of any reason why you would be unable to obtain bonding? *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

### F. Signature

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 headquarters 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.

Further, if any circumstances changes my answer to any of the above, I will notify CAI Designations Department by providing a written statement and detailed explanation within 30 days, I will address the statement and detailed explanation to: CAI Designations Department, 6402 Arlington Blvd, Ste 500 Falls Church, VA 22402 or [caieducation@caionline.org](mailto:caieducation@caionline.org)

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PRINTED NAME

SIGNATURE

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FIRM NAME (IF EMPLOYED BY A FIRM OR ARE A PRINCIPAL OR SUPERVISORY STAFF MEMBER OF THE FIRM)

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PRINTED NAME AND SIGNATURE OF AN OFFICER OF THAT FIRM, IF APPLICABLE



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