



## Professional Designations or Licenses

If you have **maintained** one of the following professional designations for at least the last three years, please indicate which designation \_\_\_\_\_.

POINT VALUE  
20

Please indicate if you have **achieved** one of the following professional designations in the last three years.

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

## 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

## CAI and Industry-Related Education Programs

### 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"/>	<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

**Attendance at other CAI headquarters educational courses** (minimum one day duration)

PROGRAM TITLE/TOPIC _____		
▼ DATE (MM/YY)	▼ LOCATION	
<input type="text"/>	<input type="text"/>	5
PROGRAM TITLE/TOPIC _____		
▼ DATE (MM/YY)	▼ LOCATION	
<input type="text"/>	<input type="text"/>	5

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

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

**Speaker at CAI Headquarters conference, Law Seminar, or CAI chapter program**

		POINT VALUE
PROGRAM TITLE/TOPIC _____		
▼ DATE (MM/YY)	▼ LOCATION	
<input type="text"/>	<input type="text"/>	10
PROGRAM TITLE/TOPIC _____		
▼ DATE (MM/YY)	▼ LOCATION	
<input type="text"/>	<input type="text"/>	10
PROGRAM TITLE/TOPIC _____		
▼ DATE (MM/YY)	▼ LOCATION	
<input type="text"/>	<input type="text"/>	10

**Attend CAI chapter insurance or risk management sessions**

POINT VALUE

EVENT/SEMINAR _____	DATE	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						5
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**Authorship of article in CAI Headquarters publication** (Copies of published article must be submitted to receive credit. 500 word article = 10 points; 1000 word article = 15 points; 1500 word article = 20 points)

POINT VALUE

ARTICLE TITLE \_\_\_\_\_

PUBLICATION NAME \_\_\_\_\_

▼ ISSUE DATE/PUBLISHED

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ARTICLE TITLE \_\_\_\_\_

PUBLICATION NAME \_\_\_\_\_

▼ ISSUE DATE/PUBLISHED

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ARTICLE TITLE \_\_\_\_\_

PUBLICATION NAME \_\_\_\_\_

▼ ISSUE DATE/PUBLISHED

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**Authorship of article in CAI chapter publication**

ARTICLE \_\_\_\_\_

▼ ISSUE DATE/PUBLISHED

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ARTICLE \_\_\_\_\_

▼ ISSUE DATE/PUBLISHED

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ARTICLE \_\_\_\_\_

▼ ISSUE DATE/PUBLISHED

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## IV. Ethics

Please answer the following questions.

Have you been involved in reorganization for the benefit of creditors or in bankruptcy as a debtor since your last redesignation? *If yes, attach a detailed explanation.*  YES  NO

Have you ever been convicted of a felony or misdemeanor (equivalents thereof), or imprisoned under sentence for any felony or misdemeanor (except traffic violations) since your last redesignation? *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)? *If yes, attach a detailed explanation and include a copy of the judgment 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

Do you know of any reason why you would be unable to obtain bonding? *If yes, attach a detailed explanation.*  YES  NO

Have you been subject to disciplinary action by any professional organization? *If yes, attach a detailed explanation.*  YES  NO

Please read the following before signing below.

All of the information provided by me is complete and correct to the best of my knowledge and belief. If I made or, at any time, make any statement with knowledge of its falsity, I understand that it shall be cause for revocation of my designation. I shall conduct myself in accordance with the CAI Community Insurance & Risk Management Code of Ethics and shall be bound by the bylaws and regulations of CAI as they are now or as they may be amended from time to time.

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, for any act or omission of 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 circumstance changes my answer to any of the questions above, I will notify CAI Education/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., Suite 500, Falls Church, VA 22042 or [info@caionline.org](mailto:info@caionline.org).

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SIGNATURE

DATE



6402 Arlington Blvd., Suite 500  
Falls Church, VA 22042  
[www.caionline.org](http://www.caionline.org)  
(888) 224-4321