



ARIAS-U.S.
APPLICATION FOR CERTIFICATION AS NEUTRAL ARBITRATOR
EFFECTIVE JANUARY 19, 2016

**TO FILL OUT THIS FORM ON YOUR COMPUTER, REPLACE THE LINES WITH YOUR TEXT.
ADD AS MUCH TEXT AS NEEDED TO FULLY ANSWER QUESTIONS. THEN, SAVE IT, PRINT IT, SIGN
IT AND FOLLOW INSTRUCTIONS ON THE LAST PAGE.**

PERSONAL INFORMATION

FULL NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

CELLULAR PHONE: _____

E-MAIL ADDRESS: _____

UNDERGRADUATE EDUCATION:

(INSTITUTION AND LOCATION, DEGREE(S) EARNED, YEAR OF GRADUATION)

GRADUATE/PROFESSIONAL EDUCATION

(INSTITUTION AND LOCATION, DEGREE(S) EARNED, YEAR OF GRADUATION)

PROFESSIONAL LICENSES/CREDENTIALS:

COMPLETION OF REQUIREMENTS

I. COMPLIANCE WITH NEUTRAL ARBITRATION PANEL CRITERIA

ARE YOU A CURRENT MEMBER IN GOOD STANDING OF ARIAS U.S.? Yes _____ No _____

ARE YOU CURRENTLY CERTIFIED AS AN ARIAS ARBITRATOR? Yes _____ No _____

DATE OF INITIAL ARIAS ARBITRATOR CERTIFICATION: _____

IF DATE OF INITIAL ARIAS ARBITRATOR CERTIFICATION IS PRIOR TO JANUARY 1, 2009, DATE OF CERTIFICATION UNDER REQUIREMENTS EFFECTIVE AFTER JANUARY 1, 2009: _____

ARE YOU A CURRENT OR FORMER OFFICER OR EXECUTIVE OF AN INSURANCE OR REINSURANCE COMPANY? Yes _____ No _____

OTHER INFORMATION

YOU ARE INVITED BUT NOT REQUIRED TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL SHOULD BE CONSIDERED BY THE BOARD OF DIRECTORS OF ARIAS·U.S.

STATEMENT BY APPLICANT

BY SIGNING AND SUBMITTING THIS APPLICATION TO ARIAS·U.S., I PLEDGE FROM THIS DAY UNTIL THE DATE I WITHDRAW MY PLEDGE IN WRITING TO ARIAS: A) TO SERVE IN INSURANCE AND REINSURANCE DISPUTES ONLY IN A NEUTRAL CAPACITY; B) TO SERVE IN DISPUTES UNDER THE ARIAS·U.S. NEUTRAL PANEL RULES FOR THE RESOLUTION OF U.S. INSURANCE AND REINSURANCE DISPUTES (THE "ARIAS·U.S. NEUTRAL RULES") ONLY IN CASES WHERE I SATISFY THE CRITERIA SET FORTH IN SECTION 6.3 OF THE ARIAS·U.S. NEUTRAL RULES; AND C) WHERE I SERVE UNDER THE ARIAS·U.S. NEUTRAL RULES, TO REFUSE TO ACCEPT APPOINTMENTS OR ENGAGEMENTS AS AN EXPERT, CONSULTANT, COUNSEL OR NON-NEUTRAL ARBITRATOR FOR ANY OF THE PARTIES (AS THAT TERM IS DEFINED IN THE ARIAS·U.S. NEUTRAL RULES) OR THEIR COUNSEL TO THE PROCEEDING PRIOR TO FINAL DISPOSITION OF THE PROCEEDING. I FURTHER AGREE TO ABIDE BY AND BE SUBJECT TO THE *ARIAS·U.S. CODE OF CONDUCT* AND THE BY-LAWS OF ARIAS·U.S. I AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AFTER TAKING REASONABLE STEPS TO ENSURE ITS ACCURACY, AND I UNDERSTAND THAT SUCH INFORMATION MAY BE VERIFIED BY ARIAS·U.S.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

MAIL COMPLETED FORM TO:

SARA MEIER, EXECUTIVE DIRECTOR
ARIAS·U.S.
7918 JONES BRANCH DR., SUITE 300
MCLEAN, VA 22102

OR FAX TO 703-506-3266

OR (PREFERRED) EMAIL PDF OF SIGNED APPLICATION TO CERTIFICATION@ARIAS-US.ORG