

COMPLETION OF REQUIREMENTS

I. CONFERENCE COMPONENT: ATTENDANCE AT ONE ARIAS·U.S. FALL OR SPRING CONFERENCE WITHIN TWO (2) YEARS PRIOR TO YOUR APPLICATION SUBMISSION

DATE AND LOCATION OF CONFERENCE: _____

II. INDUSTRY EXPERIENCE COMPONENT: ALL CANDIDATES MUST HAVE AT LEAST TEN YEARS OF SPECIALIZATION IN THE INSURANCE/REINSURANCE INDUSTRY

CURRENT EMPLOYER: _____

ADDRESS: _____

WORK TELEPHONE: _____

WORK E-MAIL _____

TITLE/POSITION: _____

DESCRIPTION OF RESPONSIBILITIES: _____

PLEASE ATTACH A DETAILED HISTORY OF PRIOR WORK EXPERIENCE INDICATING TEN YEARS OF SIGNIFICANT SPECIALIZATION IN THE INSURANCE/REINSURANCE INDUSTRY. SUCH SPECIALIZATION MAY HAVE BEEN OBTAINED WHILE WORKING WITH INSURANCE OR REINSURANCE COMPANIES, BROKERS, ACCOUNTING, ACTUARIAL, CONSULTING, LAW OR LOSS ADJUSTING FIRMS, THROUGH RELEVANT GOVERNMENT SERVICE, OR ANY COMBINATION THEREOF. PLEASE PROVIDE SPECIFIC NAMES OF COMPANIES OR ENTITIES WORKED FOR, DATES OF EMPLOYMENT, TITLE(S)/POSITION(S) AND A BRIEF DESCRIPTION OF RESPONSIBILITIES.

III. ARBITRATION EXPERIENCE/KNOWLEDGE COMPONENT: MAY BE SATISFIED BY ANY ONE OF THE THREE FOLLOWING OPTIONS:

OPTION A: PARTICIPATION AS ARBITRATOR OR UMPIRE IN TWO OR MORE QUALIFYING INSURANCE OR REINSURANCE ARBITRATIONS, TOTALING, IN THE AGGREGATE, AT LEAST SIX DAYS OF EVIDENTIARY HEARING ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE. EACH ARBITRATION MUST HAVE INCLUDED AT LEAST ONE FULL DAY OF HEARINGS ON THE SUBSTANTIVE MERITS OF THE PARTIES DISPUTE.

WITH RESPECT TO THOSE QUALIFYING ARBITRATIONS (AS DEFINED ABOVE) THAT SATISFY OPTION A, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NUMBER SERVED AS PARTY-ARBITRATOR: _____

NUMBER SERVED AS UMPIRE OR NEUTRAL: _____

AGGREGATE DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS: _____

DID ALL OF THESE ARBITRATIONS INCLUDE AT LEAST ONE FULL DAY OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS? YES _____ NO _____

FOR EACH OF THE QUALIFYING ARBITRATIONS THAT SATISFY OPTION A, PLEASE PROVIDE THE FOLLOWING INFORMATION:

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____
NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____
NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____
NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____
NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____
NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____
NAMES OF OTHER PANEL MEMBERS: _____

IF ANY OF THE ABOVE LISTED PANEL MEMBERS WERE NOT ARIAS·U.S. CERTIFIED PRE-JANUARY 1, 2009, PLEASE PROVIDE THE ADDRESS AND TELEPHONE NUMBER FOR EACH NON-ARIAS·U.S. CERTIFIED PANEL MEMBER:

IF YOU HAVE SERVED ON MORE THAN SIX PANELS AND YOU WOULD LIKE TO INCLUDE THEM, PLEASE ATTACH A SEPARATE SHEET WITH NAMES AND CONTACT DETAILS OF ADDITIONAL PRIOR CO-PANELISTS. HOWEVER, FOR PURPOSES OF YOUR APPLICATION, YOU ARE ONLY REQUIRED TO LIST A MINIMUM OF THREE ARBITRATIONS WHEREIN THE TOTAL SUM OF HEARING DATES MEETS AT LEAST 6 DAYS.

--OR--

OPTION B: PARTICIPATION IN AN ARIAS·U.S. INTENSIVE TRAINING WORKSHOP TAKEN WITHIN FIVE (5) YEARS PRIOR TO YOUR APPLICATION SUBMISSION AND PARTICIPATION AS ARBITRATOR OR UMPIRE IN ONE OR MORE QUALIFYING INSURANCE OR REINSURANCE ARBITRATIONS, TOTALING, IN THE AGGREGATE, AT LEAST THREE DAYS OF EVIDENTIARY HEARING ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE. EACH ARBITRATION MUST HAVE INCLUDED AT LEAST ONE FULL DAY OF HEARINGS ON THE SUBSTANTIVE MERITS OF THE PARTIES DISPUTE.

DATE AND LOCATION OF ARIAS·U.S. INTENSIVE TRAINING WORKSHOP: _____

WITH RESPECT TO THOSE QUALIFYING ARBITRATIONS (AS DEFINED ABOVE) THAT SATISFY OPTION B, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NUMBER SERVED AS PARTY ARBITRATOR: _____

NUMBER SERVED AS UMPIRE OR NEUTRAL: _____

AGGREGATE DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS: _____

DID ALL OF THESE ARBITRATIONS INCLUDE AT LEAST ONE FULL DAY OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS? YES _____ NO _____

FOR EACH OF THE QUALIFYING ARBITRATIONS THAT SATISFY OPTION B, PLEASE PROVIDE THE FOLLOWING INFORMATION:

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____

NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____

NAMES OF OTHER PANEL MEMBERS: _____

IDENTIFY EACH DATE ON WHICH THE ARBITRATOR(S) HEARD A FULL DAY OF EVIDENCE CONCERNING THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE: _____

NAMES OF OTHER PANEL MEMBERS: _____

IF ANY OF THE ABOVE LISTED PANEL MEMBERS WERE NOT ARIAS·U.S. CERTIFIED PRE-JANUARY 1, 2009, PLEASE PROVIDE THE ADDRESS AND TELEPHONE NUMBER FOR EACH NON-ARIAS·U.S. CERTIFIED PANEL MEMBER:

--OR--

OPTION C: PARTICIPATION IN AN ARIAS·U.S. INTENSIVE TRAINING WORKSHOP TAKEN WITHIN FIVE (5) YEARS PRIOR TO YOUR APPLICATION SUBMISSION AND EARNING OF TWO CREDITS IN ONE OF FIVE WAYS, AS LISTED BELOW:

DATE AND LOCATION OF ARIAS·U.S. INTENSIVE TRAINING WORKSHOP: _____

OPTION C CREDITS:

1. SERVICE AS AN EMPLOYEE OF A PARTY WITH PRINCIPAL RESPONSIBILITY FOR MANAGING AN INSURANCE OR REINSURANCE ARBITRATION. THIS SERVICE MUST INCLUDE, AT A MINIMUM, ATTENDANCE DURING THREE FULL DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE IN ONE OR MORE QUALIFYING ARBITRATIONS (ONE CREDIT FOR EVERY THREE FULL DAYS OF EVIDENTIARY HEARINGS, UP TO A MAXIMUM OF TWO CREDITS FOR SIX OR MORE FULL DAYS OF EVIDENTIARY HEARINGS IN TWO OR MORE QUALIFYING ARBITRATIONS)

NUMBER OF QUALIFYING ARBITRATIONS: _____

NUMBER OF DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS: _____

NUMBER OF CLAIMED CREDITS: _____

--OR--

2. SERVICE AS A COMPANY REPRESENTATIVE OF A PARTY AT AN INSURANCE OR REINSURANCE ARBITRATION. THIS SERVICE MUST INCLUDE, AT A MINIMUM, ATTENDANCE DURING THREE FULL DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE IN ONE OR MORE QUALIFYING ARBITRATIONS, AS DEFINED ABOVE (ONE CREDIT FOR EVERY THREE FULL DAYS

OF EVIDENTIARY HEARINGS, UP TO A MAXIMUM OF TWO CREDITS FOR SIX OR MORE FULL DAYS OF EVIDENTIARY HEARINGS IN TWO OR MORE QUALIFYING ARBITRATIONS)

NUMBER OF QUALIFYING ARBITRATIONS: _____

NUMBER OF DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS: _____

NUMBER OF CLAIMED CREDITS: _____

--OR--

- 3. SERVICE AS LEAD TRIAL COUNSEL IN AN INSURANCE OR REINSURANCE ARBITRATION. THIS SERVICE MUST INCLUDE, AT A MINIMUM, ATTENDANCE DURING THREE FULL DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE IN ONE OR MORE QUALIFYING ARBITRATIONS, AS DEFINED ABOVE (ONE CREDIT FOR EVERY THREE FULL DAYS OF EVIDENTIARY HEARINGS, UP TO A MAXIMUM OF TWO CREDITS FOR SIX OR MORE FULL DAYS OF EVIDENTIARY HEARINGS IN TWO OR MORE QUALIFYING ARBITRATIONS)

NUMBER OF QUALIFYING ARBITRATIONS: _____

NUMBER OF DAYS OF EVIDENTIARY HEARINGS ON THE SUBSTANTIVE MERITS: _____

NUMBER OF CLAIMED CREDITS: _____

--OR--

- 4. ATTENDANCE AT AN ARIAS·U.S. SEMINAR (OTHER THAN AN ARIAS·U.S. FALL OR SPRING CONFERENCE OR AN ARIAS·U.S. INTENSIVE ARBITRATOR TRAINING WORKSHOP) ONE CREDIT IS GIVEN PER SESSION UP TO A MAXIMUM OF TWO CREDITS FOR TWO DIFFERENT SESSIONS.

DATE(S) AND LOCATION OF SEMINAR(S): _____

NUMBER OF CLAIMED CREDITS: _____

--OR--

- 5. ATTENDANCE AT THREE ARIAS·U.S. LIVE OR ON-DEMAND WEBINARS IN ANY COMBNATION, WHICH IS EQUIVALENT TO ONE SEMINAR. ONE CREDIT IS GIVEN PER THREE WEBINARS, UP TO A MAXIMUM OF TWO CREDITS FOR SIX DIFFERENT SESSIONS.

DATE(S) AND LOCATION OF SEMINAR(S): _____

NUMBER OF CLAIMED CREDITS: _____

--OR--

- 6. SERVICE AS A FACULTY MEMBER AT AN ARIAS·U.S. CONFERENCE, WORKSHOP OR SEMINAR (ONLY ONE CREDIT AVAILABLE, REGARDLESS OF THE NUMBER OF PROGRAMS AS A FACULTY MEMBER)

DATE AND LOCATION OF CONFERENCE, WORKSHOP OR SEMINAR: _____

NUMBER OF CLAIMED CREDITS: _____

TOTAL NUMBER OF CLAIMED OPTION C CREDITS: _____

IV. ETHICS COMPONENT: COMPLETION OF ETHICS TRAINING COURSE WITHIN TWO (2) YEARS PRIOR TO YOUR APPLICATION SUBMISSION (AVAILABLE ON THE ARIAS·U.S. WEBSITE)

DATE OF COMPLETION OF ETHICS TRAINING COURSE: _____

V. RECOMMENDATION COMPONENT (You may combine sponsors from both A and B):

- A. FIRST TIME APPLICANTS: THREE (3) SPONSOR RECOMMENDATIONS FROM INDIVIDUAL ARIAS·U.S. MEMBERS YOU HAVE KNOWN FOR AT LEAST FIVE YEARS (ATTACH [RECOMMENDATION QUESTIONNAIRES](#) COMPLETED BY THREE QUALIFYING SPONSORS).

NAME OF SPONSOR #1 _____

NAME OF SPONSOR #2 _____

NAME OF SPONSOR #3 _____

—OR—

- B. FIRST TIME APPLICANTS: THREE (3) PROFESSIONAL SPONSOR RECOMMENDATIONS FROM NON- ARIAS·U.S. MEMBERS IN ADDITION TO AN INTERVIEW WITH AN ARIAS BOARD MEMBER (ATTACH [RECOMMENDATION QUESTIONNAIRES](#) COMPLETED BY THREE QUALIFYING SPONSORS).

NAME OF SPONSOR #1 _____

NAME OF SPONSOR #2 _____

NAME OF SPONSOR #3 _____

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 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 IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AFTER TAKING REASONABLE STEPS TO ENSURE ITS ACCURACY, AND UNDERSTAND THAT THIS INFORMATION MAY BE VERIFIED BY ARIAS·U.S.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

MAIL COMPLETED FORM WITH COMPLETED SPONSOR QUESTIONNAIRES TO:

Larry P. Schiffer, EXECUTIVE DIRECTOR
ARIAS·U.S.
222 S Riverside Plaza, Suite 1870, Chicago IL 60606

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