

To: Students About to Complete the CPCU Program

Re: Meeting Ethics and Experience Requirements for the CPCU Program.

The CPCU professional designation program has three requirements: Education, Ethics, and Experience. The Education requirement is met by passing eight examinations. The Ethics and Experience requirements are met by your providing acceptable responses on the Ethics and Experience Form.

If you are preparing to take your final examination(s), complete the attached Ethics and Experience Form and fax it to 610-651-7652, or mail it to AICPCU, 720 Providence Road, Malvern, PA19355, att: BSmall. You should submit this form no earlier than within one year of your final exam so that the information is the most current. Forms submitted longer than one year ahead will have to be resubmitted.

After we have determined that you have met all three requirements for the CPCU professional designation, Peter L. Miller, CPCU, President and Chief Executive Officer of the Institutes will formally notify you in writing that you are entitled to use the designation.

If you have any questions, call 610-644-2100, x7631 or email [small@cpcuiia.org](mailto:small@cpcuiia.org).

# American Institute for Chartered Property Casualty Underwriters

## Ethics & Experience Information (REQUIRED FOR CONFERMENT OF THE CPCU DESIGNATION)

This request is sent to CPCU candidates who have completed a substantial portion of the educational requirements for the CPCU designation. This information is required to determine your eligibility to receive and use the CPCU designation. If you meet all the education, experience, and ethics requirements for the designation, you will receive authorization to use the designation shortly after your final grades are released. Please carefully read and answer the questions below. Return the form to us by the date on the enclosed letter, using the enclosed business reply envelope.

Name:  
Student ID No.:  
Home Phone No.:  
Work Phone No.:

**IMPORTANT**  
Your reply must be received by  
**Before Your Last Exam**  
in order to receive the earliest possible  
permission to use the CPCU designation.

### PART I: EXPERIENCE

A CPCU designee must have 36 months and a minimum of 17 ½ hours per week of insurance experience during the five years preceding conferment.

Use the table below to describe insurance experience only during the past five years. Start from the first day of the month in which you are completing this form and go back five years. Start with your most recent work experience and work backward. For example, start from February 2007 and work back to February 2002.

Time Period (Mo-Yr)	Insurance Experience during the last five years		Insurance Experience Code Letter <small>*see below</small>	Description of Primary Job Activities	Complete Name of Employer or Firm
	Total number of months	Number of hours PER WEEK			
____ to ____					
____ to ____					
____ to ____					
____ to ____					
____ to ____					

**\* Insurance Experience Code Letters**

- A – Insurance sales and related account service
- B – Insurance activities and services such as claims handling, inspection, loss control, premium auditing, rate making, rating, reinsurance, and underwriting.
- C – Support functions such as accounting and bookkeeping, clerical, education, and training, information systems processing, investment services, legal services, and personnel administration, if performed for a firm or department engaged primarily in insurance.
- D – Job role such as an attorney, Certified Public Accountant, college teacher, consultant, risk manager, or employee of a regulatory authority, salvage company, trade association, trade press, or similar organization which works with or is part of the insurance industry.

## Part II Ethics

### Declaration and Statements

Please respond to each of the items presented below. Every YES answer requires a full explanation of the circumstances and outcome. If additional space is necessary, append a separate sheet.

1. Have you ever been requested to appear in court, before any public official, a committee of any professional or business organization, or otherwise, because of criticism of any of your conduct relating to insurance? Yes  No
2. Has a business-related license or professional designation you held ever been revoked, suspended, or withdrawn by action of any regulatory authority during the time of your affiliation? Yes  No
3. Has a business-related license or professional designation held by any person, partnership, or organization with which you have been affiliated been revoked, suspended, or withdrawn by any regulatory designation-granting authority during the time of your affiliation? Yes  No
4. Have you ever been fired, disciplined, admonished, or ordered to discontinue a business practice or conduct by any regulatory authority or other public official or court? Yes  No
5. Have you ever been requested to appear in court, before any public official, a committee of any professional or business organization, or otherwise, because of criticism of any of your conduct not relating to insurance? Yes  No

Explanation (If convicted of a crime, please indicate whether it was a felony or misdemeanor.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AGREEMENTS

Read the following three statements and indicate your agreement by entering your full legal signature and date.

1. I understand that passing the examinations is not the sole requirement for the CPCU designation, and I agree that I shall not be entitled to receive that designation unless I meet all requirements established by the Board of Trustees or the American Institute for Chartered Property Casualty Underwriters whose sole judgement I agree shall be final.
2. I agree that as a holder of a CPCU designation, I shall abide by the official Code of Professional Ethics of the American Institute for Chartered Property Casualty Underwriters. My signature below indicates my commitment to maintain and improve my knowledge, skills, and competence after being awarded the CPCU designation.
3. I certify that all the above statements on this form are full and true and are made for the purpose of receiving the CPCU designation.

\_\_\_\_\_  
(Full legal signature required)

\_\_\_\_\_  
(Date)