

The Canadian Professional Insurance Broker Program (CPIB)

Application for Registration

(Please Print Clearly. Make extra copies as required)

1. Name: _____
2. Phone: _____ Fax: _____ Email: _____
3. Employer: _____
4. Business Address: _____
5. City/Town: _____ Prov.: _____ Postal Code: _____
6. Mailing Address (if different from No.3): _____

I (my firm) is a member in good standing of the Insurance Brokers Association of Manitoba: Yes No
While membership in the provincial brokers association is not a pre-requisite of this course, membership IS required for the use of the CPIB designation as is completion of one of the following designation courses.

7. I have completed the following designation courses: CAIB/CCIB AIIC/CIP None

8. I wish to enroll in:

Law & Ethics **Advanced Commercial Lines** **Business Strategies**

Claims Management & Administration **Advanced Personal Lines**

Study Method: Self-Study

9. Exam must be written on scheduled examination date or a deferral fee of \$84.00 will apply.

Exam Date: July 11, 2012 : I wish to write my exam in the following location:

Winnipeg **Brandon** **The Pas** **Dauphin** **Thompson**

10. I will be paying by Visa/Mastercard/Company cheque (please circle one) the amount of \$_____ Visa/Mastercard # _____ Expiry _____ Note we do not accept personal cheques.

11. If successful in the examinations, and if elected by the IBAC Board of Directors to be awarded the designation of "Canadian Professional Insurance Broker", I hereby certify that I meet the prescribed qualifications, that I am an employee of an insurance brokerage and that I agree to abide by such other requirements as may be established by the Insurance Brokers' Association of Canada and the Insurance Brokers' Association of Manitoba from time to time as they see fit.

I understand that all applications will be processed as monies are received on a first-come, first-served basis, and that all classes are subject to sufficient enrolment. . Fee includes a non-refundable amount of \$40.00. No refunds within seven (7) days of start date.

Dated: _____ Signed: _____

Please return this form to:

Insurance Brokers Association of Manitoba
205 – 530 Kenaston Blvd., Winnipeg, MB R3N 1Z4
Ph: (204) 488-1857 (800) 204-5649 Fax: (204) 489-0316

