

**Canadian Accredited
Insurance Broker (CAIB)
Application for Registration – Immersion Course**



1. FIRST NAME _____ LAST NAME _____ BIRTH YEAR _____
PHONE # _____ EXT: _____ Email# _____
2. EMPLOYER _____
3. BUSINESS ADDRESS _____
CITY/TOWN _____ PROV. _____ POSTAL CODE _____
4. MAILING ADDRESS (if different from No. 3) _____
5. I (my firm) am (is) a member in good standing of the Insurance Brokers Association of Manitoba:
 YES NO
6. I am a licensed general insurance broker: YES NO
7. Course location: **IBAM Office, 600 – 1445 Portage Ave. (Clarion Hotel) Winnipeg**
8. I wish to enroll in the following CAIB Immersion Class:
CAIB II _____ **Monday, September 17 to Saturday, September 22, 2018**
CAIB III _____ **Monday, September 24 to Saturday, September 29, 2018**
CAIB IV _____ **Monday, October 29 to Saturday, November 3, 2018**
9. I will be paying by Visa/MasterCard/Company Cheque (please circle one) the amount of \$ _____
Visa or MasterCard # _____ Expiry: _____ Note that we do not accept personal cheques.
Cardholder Name: _____
Email Receipt to: _____
****Payment is non-refundable once package containing materials has been opened****
10. If successful in the examinations, and if elected by the IBAC Board of Directors to be awarded the use of the designation of “Canadian Accredited Insurance Broker”, I hereby certify that I meet the prescribed qualifications, that I am an employee of an insurance brokerage that is a member in good standing of an IBAC member association, 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.
11. 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.**

DATED: _____ SIGNED: _____

PLEASE RETURN THIS FORM TO: margarethudson@ibam.mb.ca

Insurance Brokers Association of Manitoba, 600 – 1445 Portage Ave., Winnipeg, MB R3G 3P4

Ph: (204) 488-1857 (800) 204-5649 Fax: (204) 489-0316

"INSURE YOUR FUTURE - GET EDUCATED"

For office use only: ACC: _____ ACK: _____ CDM: _____ SSN: _____ INVEN: _____

IBAC PROFESSIONAL DEVELOPMENT DESIGNATIONS - TERMS OF REFERENCE

- (1) The right to obtain an IBAC designation will be restricted to successful candidates who are employed by a property and casualty insurance brokerage and are members in good standing, as at the time of the granting of such IBAC designation, of a member association which is and continues to be a member of IBAC.
- (2) At the sole discretion of IBAC and member associations, non-members and/or non-brokers shall be allowed to complete any program offered by IBAC, and upon successful completion, such non-members and/or non-brokers will be entitled only to Certificates of Completion.
- (3) The right to use and maintain any IBAC designation granted by IBAC shall only continue while such person is employed by a property and casualty insurance brokerage, acceptable to the IBAC Board of Directors, while that brokerage continues to be a member in good standing of a member association which itself is a member in good standing of IBAC.
- (4) A licensed property and casualty insurance broker, having earned a Certificate of Completion or an IBAC designation, who is an employee (not a principal) of a property and casualty insurance brokerage that is not a member of a member association of IBAC, will be allowed to obtain membership or associate membership with the appropriate member association of IBAC, failing which that person's right to use such IBAC designation will be terminated.
- (5) The granting of member and/or associate member status is at the discretion of the member association and shall be in accordance with, and subject to, the applicable member association's by-laws, rules, regulations and guidelines.
- (6) The administration of membership and associate membership is the responsibility of the applicable member association.
- (7) All candidates must be granted permission to use IBAC designations through specific election by the IBAC Board of Directors.
- (8) Employees of IBAC or its Member Associations, who have successfully completed the prescribed examination requirements, may hold an IBAC designation as long as they remain so employed.

Amended September 20, 2001

C.A.I.B. IMMERSION/FIVE-DAY COSTS PER COURSE

1.	Course registration fee includes: (Includes: GST, tuition, all course material, examination, and a non-refundable amount of \$ 80.00)	\$897.00
2.	Non-members- Course registration fee:	\$1307.00
3.	Re-write fee:	\$ 124.00
4.	Re-write fee Non Member	\$ 144.00

****While membership in the provincial brokers association is not a pre-requisite of this course, membership IS required for the use of the CAIB designation.**

PASS MARK: 60% for all Levels

Successful completion of each level qualifies for twelve (12) ICM Continuing Education Credits.