

The Canadian Professional Insurance Broker Program (CPIB)

Application for Registration

(Please Print Clearly. Make extra copies as required)

1. Name: _____
2. Phone: _____ 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 \$90.00 will apply.

Exam Date:

September 12, 2018 or **December 5, 2018**

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.
Cardholder Name _____

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
600 – 1445 Portage Ave., Winnipeg, MB R3G 3P4
Ph: (204) 488-1857 (800) 204-5649 Fax: (204) 489-0316

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, which 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

- **SELF STUDY** provides student with the textbook, workbook, student self study guide, answer keys and examination.
- **IMMERSION** provides student with all course material, 5 days of instruction and examination. Subject to sufficient enrolment

CPIB Program Costs per Course (Includes GST)	<u>Members</u>	<u>Non-members</u>
1. Course registration fee: Discussion Group & Self Study	514.50	771.75
2. Immersion Course	761.25	1,141.88
3. Elective Course Credit Transfer Fee	52.50	78.75
4. Elective Course Evaluation Fee	52.50	78.75
5. Re-write fee:	90.00	90.00
7. Exam deferral fee:	90.00	90.00
8. Administration fee on all returned cheques	20.00	20.00

PLEASE NOTE:

- ✓ The re-registration fee applies to students requiring more than one semester to complete a semester's work.
- ✓ If the course material is revised for the re-registered semester, registrants must purchase the revised material.
- ✓ Successful completion 60%
- ✓ CEC's ICM 12 per course on successful completion