

CANADIAN ACCREDITED INSURANCE BROKER (CAIB) APPLICATION FOR REGISTRATION

Discussion Group

1. FIRST NAME _____ LAST NAME _____
PHONE# _____ EMAIL _____ BIRTH YR _____

2. EMPLOYER _____

3. BUSINESS ADDRESS _____

CITY/TOWN _____ PROV. _____ POSTAL CODE _____

4. MAILING ADDRESS (if different from No. 3) _____

5. I (my firm) am 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 CAIB designation.

6. I am a licensed general insurance broker: YES NO

7. I wish to enrol in the **Fall Discussion Group Class** (offered in Winnipeg only) for:

CAIB I (Tuesday) ___ CAIB II (Thursday) ___ CAIB III (Monday) ___ CAIB IV (Wednesday) ___

Note: The Discussion group classes are held once a week for approximately 10 weeks leading up to the December 5, 2018 exam write date.

Class start dates: CAIB 1- Sept 18 CAIB 2 - Sept 20 CAIB 3 - Sept 24 CAIB 4 - Sept 26

8. **Exam Date: December 5, 2018**

9. Exam must be re-written on scheduled examination date or a deferral fee of \$124.00 (non-member fee \$144.00) will apply.

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

Cardholder name: _____

Email receipt to: _____

****Payment is non-refundable once package containing materials have been opened****

11. If successful in the examinations, and if elected by the IBAC Board of Directors to be awarded 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.

12. 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: Margaret Hudson

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

Ph: (204) 488-1857 - TOLL: (800) 204-5649 - Fax: (204) 489-0316 - margarethudson@ibam.mb.ca

(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

- **DISCUSSION GROUPS** - All classes are subject to sufficient enrollment, if discussion groups cannot be formed, you may take the Self-Study option or your fee will be refunded.
- **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

C.A.I.B. PROGRAM COSTS PER SEMESTER (GST Included)

	Member	**Non-member
▪ Immersion/5-Day	\$897.00	\$1307.00
▪ Discussion Group	\$629.00	\$887.00
▪ Self-Study	\$629.00	\$887.00
▪ *Re-enrollment – Disc Grp (Exam extra)	\$160.25	\$235.00
▪ Exam Re-write/deferral	\$124.00	\$144.00

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**Non-member additional fees may be credited to Membership Dues within 1 year

The re-registration fee applies to students requiring more than one semester to complete a semester's work. **If the course material is revised in the re-registered semester, registrants must purchase the revised material.**

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

RIBO credits: CAIB 1 - Five (5) hours management, Eighteen (18) hours technical
CAIB 2 & 3 - Eighteen (18) hours technical each.
CAIB 4 - Fifteen (15) hours management.