

Association of Insurance & Reinsurance Run-Off Companies
ARBITRATOR and MEDIATOR APPLICATION (FORM 1)

PLEASE COMPLETE THIS FORM FULLY, ATTACHING ADDITIONAL SHEETS AS NECESSARY. YOU MUST SIGN THE COMPLETED FORM AND SUBMIT IT TO AIRROC ALONG WITH A CURRENT RESUME.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-Mail: _____

Business Phone: _____

Cell Phone: _____

Fax: _____

EMPLOYMENT HISTORY

Current Employment: _____

Position at Current Employment: _____

Previous Employment 1: _____

Position at Previous Employment 1: _____

Previous Employment 2: _____

Position at Previous Employment 2: _____

UNDERGRADUATE EDUCATION

(Institution, Degree(s) Earned, Year of Graduation)

GRADUATE/PROFESSIONAL EDUCATION

(Institution, Degree(s) Earned, Year of Graduation)

AREAS OF EXPERTISE (Please Choose up to 5):

- Accident & Health
- Asbestos
- Bad Faith/ECO
- Captives/Risk Retention Groups
- Casualty
- Catastrophes
- Commercial
- Commutations
- Contract Wording
- D&O
- Disability
- Environmental/Pollution
- Excess/Surplus Lines
- Fidelity & Surety
- Insolvencies
- International
- Life
- London Market
- MGA/MGU
- Personal Lines
- Product Liability
- Professional Liability
- Property
- Regulatory
- Toxic Tort
- Workers Compensation

PROFESSIONAL LICENSES/CREDENTIALS

ARBITRATOR QUALIFICATIONS

TO BECOME AN AIRROC ARBITRATOR, AN APPLICANT MUST: (1) BE AN ARIAS-U.S. CERTIFIED ARBITRATOR IN GOOD STANDING; OR (2) HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES.

1. ARE YOU AN ARIAS-U.S. CERTIFIED ARBITRATOR IN GOOD STANDING? YES NO

2. DO YOU HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES? YES NO

IF YOUR ANSWER TO NO. 2 IS YES, LIST RELEVANT EMPLOYMENT:

MEDIATOR QUALIFICATIONS

TO BECOME AN AIRROC MEDIATOR, AN APPLICANT MUST: (1) BE AN ARIAS-U.S. CERTIFIED MEDIATOR IN GOOD STANDING; OR (2) HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES.

DO YOU WISH TO BE INCLUDED ON THE AIRROC MEDIATOR LIST?

YES NO

IF YES PLEASE ANSWER THE FOLLOWING:

1. ARE YOU AN ARIAS-U.S. CERTIFIED MEDIATOR IN GOOD STANDING? YES NO

2. DO YOU HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES? YES NO

STATEMENT BY APPLICANT

BY SIGNING AND SUBMITTING THIS APPLICATION TO AIRROC, I AGREE TO ABIDE BY AND BE SUBJECT TO THE RULES AND REGULATIONS PROMULGATED BY AIRROC IN ITS DISPUTE RESOLUTION PROCEDURE, AS SUCH PROCEDURE MAY BE AMENDED FROM TIME TO TIME, AND SPECIFICALLY INCLUDING ITS FEE STRUCTURE AND CONFIDENTIALITY PROVISIONS. I AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AFTER TAKING REASONABLE STEPS TO ENSURE ITS ACCURACY.

I UNDERSTAND THAT FROM TIME TO TIME AIRROC MAY CONTACT ME TO ASK IF I HAVE PARTICIPATED IN A PROCEEDING UNDER THE AIRROC ARBITRATION OR MEDIATION PROCEDURES. NO CONFIDENTIAL INFORMATION WILL BE REQUESTED.

SIGNATURE

DATE

EMAIL/PDF OR MAIL SIGNED AND COMPLETED FORM, WITH CURRENT RESUME TO:

CAROLYN W. FAHEY
EXECUTIVE DIRECTOR , AIRROC
4927 WOLF RUN SHOALS ROAD
WOODBIDGE, VA 22192
EMAIL: CAROLYN@AIRROC.ORG