



**INSTRUCTIONS:**

1. Please type or print clearly with blue or black ink.

2. Required fields are marked in **bold**.

**PERSONAL DATA:**

**Name First:** \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ **Are you a U.S. Citizen?**     Yes     No

**Have you ever been convicted of or pleaded guilty to any criminal offense (before a court or military court martial)?**     Yes     No    **If yes, please explain:** \_\_\_\_\_

Note: A conviction of a criminal offense does not automatically bar a person from employment with All Risks.

**COLLEGE INFORMATION:**

**Name of College or University you attended:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Insurance GPA:** \_\_\_\_\_

**Do you have a 4-year College Degree?**     Yes     No

**Graduation Date:** \_\_\_\_\_

Insurance Courses Completed - Please list insurance courses taken:

Course 1: \_\_\_\_\_ Credits: \_\_\_\_ Course 5: \_\_\_\_\_ Credits: \_\_\_\_

Course 2: \_\_\_\_\_ Credits: \_\_\_\_ Course 6: \_\_\_\_\_ Credits: \_\_\_\_

Course 3: \_\_\_\_\_ Credits: \_\_\_\_ Course 7: \_\_\_\_\_ Credits: \_\_\_\_

Course 4: \_\_\_\_\_ Credits: \_\_\_\_ Course 8: \_\_\_\_\_ Credits: \_\_\_\_

**Have you passed INS 21 and INS 23 exams?**     Yes     No

All Risks, Ltd. University Program Application - *continued*

**WORK EXPERIENCE:**

List your last two jobs or money making projects:

**Name of Employer 1:** \_\_\_\_\_

**Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Name of Employer 2:** \_\_\_\_\_

**Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Do you have three or more years experience in Property and Casualty?**     Yes     No

**INSURANCE DESIGNATIONS:**

Please list any Insurance Designation you may have received:

**Designation 1:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Designation 2:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES:**

**Please list any activities you were involved in during your high school and college years.** Examples are: sports teams, fraternities, sororities, honor clubs, social clubs and business organizations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHORT ESSAYS:** *Please provide answers on a separate sheet of paper.*

**Identify and describe one of your major strengths and how it applies to a successful career as an insurance professional.**

**Briefly explain what interests you about insurance and in particular, surplus lines.**

**OTHER:**

**Where did you hear about the All Risks University Program?**

\_\_\_\_\_

## All Risks, Ltd. University Program Application - *continued*

### **CERTIFICATION:** *Please read carefully before signing.*

1. I certify that the information in this application for employment is accurate to the best of my knowledge and subject to verification by All Risks, Ltd. (the "Company"). I understand that deliberate falsification or omission of this information may result in refusal of employment or termination of my employment without notice by All Risks, Ltd.

I also understand and agree, if employed, that:

a. No promises regarding employment have been made to me, and I understand that no such promises or guarantees are binding on the company unless made in writing and signed by an executive of the company.

b. If employed, I agree to conform to the rules and regulations of All Risks, Ltd., its affiliates and subsidiaries (collectively, "the Company"). I understand that if hired I will be an at-will employee and my employment and compensation can be terminated with or without cause, and with or without notice, at the option of either the company or myself. I further understand that this employment application is not a contract of employment.

c. All applicants who are "disabled" as defined in the Americans with Disabilities Act ("ADA") or in applicable state statutes are invited to inform All Risks, Ltd. of any reasonable accommodation(s) they may need in order to perform the essential functions of the position which they have applied.

d. The Immigration Reform and Control Act of 1986 requires that every individual hired be authorized to work in the United States. I understand that if offered employment I will be required to present proper documentation of my work eligibility and identification.

2. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

**Signature (Your signature indicates that you have read and understand items 1 and 2 above.)**

**Date**

All phases of employment at All Risks, Ltd. are based strictly upon the qualifications of the individual as related to the work requirements of the position. This policy is applied without regard to race, sex, religion, national origin, ancestry, age, disability, veteran status, or marital status.

**All Risks, Ltd. is an Equal Opportunity Employer.**

### **ADDITIONAL REQUIREMENTS:**

Please fax or mail the following to All Risks, Ltd. by April 15th:

1. A completed application
2. A copy of your current resume
3. A copy of your college transcript, if applicable
4. One (1) letter of recommendation or professional reference (preferably insurance related)

Fax the information to:

**410-828-7569 Attention: Human Resources Department**

Mail the information to:

**All Risks, Ltd.  
Human Resources Department  
10150 York Road  
5th Floor  
Hunt Valley, Maryland 21030**

### **QUESTIONS?**

Contact us via email at:  
**university@allrisks.com**

