



ARIAS•U.S. SPONSOR QUESTIONNAIRE

TO FILL OUT THIS FORM ON YOUR COMPUTER, REPLACE THE LINES WITH YOUR TEXT. ADD AS MUCH TEXT AS NEEDED TO FULLY ANSWER QUESTIONS. THEN, PRINT IT, SIGN IT, AND SCAN IT FOR EMAILING OR PRINT IT FOR MAILING OR FAXING.

SECTION 1: SPONSOR INFORMATION

SPONSOR'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

ARE YOU EITHER AN INDIVIDUAL MEMBER OR DESIGNATED REPRESENTATIVE OF A CORPORATE MEMBER OF ARIAS•U.S.?

Yes _____ No _____

WHEN WAS THE LAST ARIAS•U.S. CONFERENCE YOU ATTENDED? SPRING _____ OR FALL _____
YEAR YEAR

(NOTE: TO SERVE AS A SPONSOR, YOU MUST HAVE ATTENDED AN ARIAS•U.S. CONFERENCE WITHIN TWO YEARS OF THE DATE OF THE CANDIDATE'S APPLICATION FOR CERTIFICATION AS AN ARBITRATOR)

ARE YOU CURRENTLY AN ARIAS•U.S. CERTIFIED ARBITRATOR? Yes _____ No _____

IF YOU ARE CURRENTLY AN ARIAS•U.S. CERTIFIED ARBITRATOR, PLEASE SKIP SECTION 1.A. AND COMPLETE THE OTHER SECTIONS BELOW. IF YOU ARE NOT AN ARIAS•U.S. CERTIFIED ARBITRATOR, YOU MUST DEMONSTRATE THAT YOU SATISFY THE REQUIREMENTS IN SECTION 1.A. BELOW.

SECTION 1.A. INFORMATION REGARDING SPONSORS WHO ARE NOT ARIAS•U.S. CERTIFIED ARBITRATORS

AN INDIVIDUAL, WHO IS EITHER A MEMBER OF ARIAS•U.S. OR A DESIGNATED REPRESENTATIVE OF A CORPORATE MEMBER OF ARIAS•U.S., MAY SPONSOR A CANDIDATE FOR CERTIFICATION AS AN ARBITRATOR UNDER THE FOLLOWING CIRCUMSTANCES, IN ADDITION TO THOSE APPLICABLE TO ALL SPONSORS:

- THE SPONSOR MUST BE FAMILIAR WITH THE ARBITRATION PROCESS EITHER THROUGH PARTICIPATION IN INSURANCE OR REINSURANCE ARBITRATIONS OR THROUGH ATTENDANCE AT CONFERENCES, SEMINARS, OR WORKSHOPS OF ARIAS•U.S.; AND

- THE SPONSOR MUST HAVE REVIEWED AND BE FAMILIAR WITH THE *ARIAS•U.S. CODE OF CONDUCT*.

ARE YOU FAMILIAR WITH THE ARBITRATION PROCESS RELATIVE TO INSURANCE OR REINSURANCE DISPUTES? YES ____ NO ____

IF YOU ANSWERED “YES” TO THE PRECEDING QUESTION, PLEASE STATE HOW YOU BECAME FAMILIAR WITH THE ARBITRATION PROCESS.

HAVE YOU REVIEWED AND ARE YOU FAMILIAR WITH THE *ARIAS•U.S. CODE OF CONDUCT*?

YES ____ NO ____

SECTION 2: BASIC INFORMATION ABOUT THE CANDIDATE

CANDIDATE’S NAME: _____

ADDRESS: _____

HOW LONG HAVE YOU KNOWN THE CANDIDATE? ____ YEARS (MUST BE AT LEAST FIVE YEARS)

PLEASE DESCRIBE THE BASIS FOR YOUR KNOWLEDGE OF THE CANDIDATE AND OF HIS/HER REPUTATION AND CHARACTER.

SECTION 3: CANDIDATE’S REPUTATION AND CHARACTER

IS THE CANDIDATE WELL REGARDED IN THE INSURANCE/REINSURANCE INDUSTRY?

YES ____ NO ____

IS THE CANDIDATE TRUSTWORTHY AND OF GOOD MORAL CHARACTER?

YES ____ NO ____

SECTION 4: CANDIDATE’S PARTICIPATION IN ARBITRATIONS

TO YOUR KNOWLEDGE, HAS THE CANDIDATE PARTICIPATED IN AN INSURANCE OR REINSURANCE ARBITRATION(S) IN ANY CAPACITY? YES ____ NO ____

IF YOU CHECKED "YES" TO THE PRECEDING QUESTION, PLEASE INDICATE THE BASIS FOR YOUR KNOWLEDGE, AND ANY ADDITIONAL DETAILS OR IMPRESSIONS YOU CAN PROVIDE REGARDING THE NATURE AND EXTENT OF THE CANDIDATE'S PARTICIPATION:

SECTION 5: ADDITIONAL INFORMATION

PLEASE ADD ANY ADDITIONAL COMMENTS YOU WOULD LIKE THE BOARD TO CONSIDER IN CONNECTION WITH THE CANDIDATE'S APPLICATION FOR CERTIFICATION.

SECTION 6: RECOMMENDATION

BASED UPON MY PERSONAL KNOWLEDGE OF THE CANDIDATE, HIS/HER TRUSTWORTHINESS, MORAL CHARACTER, INDUSTRY REPUTATION, AND EXPERIENCE, I BELIEVE HE/SHE HAS THE ABILITY TO SERVE AS AN ARBITRATOR IN INSURANCE/REINSURANCE DISPUTES. I HAVE NO REASON TO BELIEVE THAT, IF CERTIFIED, THE CANDIDATE WOULD FAIL TO COMPLY WITH THE *ARIAS•U.S. CODE OF CONDUCT*. ACCORDINGLY, I RECOMMEND WITHOUT RESERVATION THAT THE BOARD OF DIRECTORS OF *ARIAS•U.S.* CERTIFY THE CANDIDATE AS AN ARBITRATOR.

SIGNATURE _____

DATE _____

PLEASE EITHER MAIL COMPLETED FORM AND ANY ATTACHMENTS TO THE CANDIDATE WHOM YOU ARE SPONSORING, FAX THEM TO HIM/HER, OR CREATE A PDF AND EMAIL IT.

SPONSOR QUESTIONNAIRES ARE SUBMITTED BY THE CANDIDATE ALONG WITH THE APPLICATION.