



Print your name: \_\_\_\_\_

15. Preferred mailing address:  Home  Business

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Province/Country \_\_\_\_\_

16. First-time registrants only—how did you hear about The Institutes? (Check one)

- 1  Employer HR, education, or training department
- 2  Manager or supervisor
- 3  Co-worker or business colleague
- 4  Advertisement in industry publication
- 5  Professional association
- 6  Web search
- 7  Conference or trade show
- 8  Other: \_\_\_\_\_

17. What diploma/certificate are you working toward? (Check one)

- |                                |                               |                                |
|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> CPCU  | <input type="checkbox"/> AINS | <input type="checkbox"/> ASLI  |
| <input type="checkbox"/> AAI   | <input type="checkbox"/> AIS  | <input type="checkbox"/> AU    |
| <input type="checkbox"/> AAI-M | <input type="checkbox"/> AIT  | <input type="checkbox"/> AU-M  |
| <input type="checkbox"/> ACSR  | <input type="checkbox"/> AMIM | <input type="checkbox"/> PRC   |
| <input type="checkbox"/> AFSB  | <input type="checkbox"/> ANFI | <input type="checkbox"/> RMI   |
| <input type="checkbox"/> AIAF  | <input type="checkbox"/> APA  | <input type="checkbox"/> SM    |
| <input type="checkbox"/> AIC   | <input type="checkbox"/> API  | <input type="checkbox"/> Cyber |
| <input type="checkbox"/> AIC-M | <input type="checkbox"/> ARC  | <input type="checkbox"/> SPPA  |
| <input type="checkbox"/> AIDA  | <input type="checkbox"/> ARe  | <input type="checkbox"/> WCCA  |
| <input type="checkbox"/> AIM   | <input type="checkbox"/> ARM  | <input type="checkbox"/> WCCP  |

18. Your exam registration—Indicate initials for the exam and its number (e.g., AIC 40, AIM 40) and the segment, if appropriate (AINS 21 A, ARM 401 B). Then, indicate the testing window.

Exam No.	Testing Window (e.g., Oct 15 - Dec 15, 2021)

19. Preparation method: (Check one)

- 1  Group learning with a course leader
- 2  Group learning without a course leader
- 3  Independent learning
- 4  Relying solely on experience and knowledge
- 5  Relying on non-Institutes study materials
- 6  Institutes Online Learning
- 7  Other Online Classes

Student ID number: \_\_\_\_\_

20. Testing location: (Check one)

- Prometric Testing Centers worldwide
- Institutes-Approved On-site testing centers worldwide
- On-site Center Code Number: \_\_\_\_\_ WIL 85 \_\_\_\_\_
- Virtual Exam

21. CE Credit (Check applicable license):

- Producer  Adjuster  None

License/NPN # \_\_\_\_\_

Resident State \_\_\_\_\_

License Expiration Date \_\_\_\_\_

22. The Institutes Privacy Statement

The Institutes respect students' privacy rights and are committed to safeguarding each student's personal information. Please see The Institutes Privacy Statement on The Institutes' website, [TheInstitutes.org/privacy](http://TheInstitutes.org/privacy).

23. Ethics

A CPCU candidate is bound by the CPCU Code of Professional Conduct. CPCUs along with all other persons taking Institutes exams are subject to The Institutes' Code of Academic and Professional Integrity. The CPCU Code is available at [TheInstitutes.org](http://TheInstitutes.org).

The Code of Professional and Academic Integrity is found at [TheInstitutes.org/CAPI](http://TheInstitutes.org/CAPI).

24. Payment: (See page 11 for Exam Fee Chart)

Exam Fee	\$
Credit Available	-\$
Total Remittance	\$

If paying by check, please make payable to The Institutes.

For corporate invoicing, provide the billable account code.

Account Code: \_\_\_\_\_

Return this form with fee or payment information to:

The Institutes  
720 Providence Road, Suite 100  
Malvern, PA 19355-3433  
Fax: (610) 640-9576

Credit Card number: \_\_\_\_\_  
(American Express, Diners Club, Discover, MasterCard, and VISA cards are accepted.)

Expiration date: \_\_\_\_\_ CSV: \_\_\_\_\_

Billing address zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

**For accounting use only**

Date Received \_\_\_\_\_ Amount \_\_\_\_\_  
Account # \_\_\_\_\_