



ARIAS·U.S.
APPLICATION FOR CERTIFICATION AS UMPIRE

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, SAVE IT, PRINT IT, SIGN IT AND FOLLOW INSTRUCTIONS ON THE LAST PAGE.

PERSONAL INFORMATION

FULL NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

CELLULAR PHONE: _____

E-MAIL ADDRESS: _____

UNDERGRADUATE EDUCATION:

(INSTITUTION AND LOCATION, DEGREE(S) EARNED, YEAR OF GRADUATION)

GRADUATE/PROFESSIONAL EDUCATION

(INSTITUTION AND LOCATION, DEGREE(S) EARNED, YEAR OF GRADUATION)

PROFESSIONAL LICENSES/CREDENTIALS:

FELONY CONVICTIONS? YES _____ NO _____

IF YES, INCLUDE EXPLANATION:

COMPLETION OF REQUIREMENTS

I. QUALIFICATION AS ARIAS U.S. CERTIFIED ARBITRATOR

ARE YOU A CURRENT MEMBER IN GOOD STANDING OF ARIAS U.S.?

YES _____ NO _____

ARE YOU CURRENTLY CERTIFIED AS AN ARIAS ARBITRATOR?

YES _____ NO _____

DATE OF INITIAL ARIAS ARBITRATOR CERTIFICATION: _____

IF DATE OF INITIAL ARIAS ARBITRATOR CERTIFICATION IS PRIOR TO JANUARY 1, 2009, DATE OF CERTIFICATION UNDER REQUIREMENTS EFFECTIVE AFTER JANUARY 1, 2009: _____

II. PARTICIPATION AS AN ARBITRATOR OR UMPIRE IN FIVE (5) OR MORE INSURANCE OR REINSURANCE ARBITRATIONS, EACH THROUGH TO FINAL AWARD AFTER COMPLETION OF AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE ("QUALIFYING ARBITRATIONS")

FOR QUALIFYING ARBITRATIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATES ON WHICH THE PANEL CONDUCTED AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE DISPUTE: _____

NAMES OF OTHER PANEL MEMBERS: _____

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NAMES OF OTHER PANEL MEMBERS: _____

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NAMES OF OTHER PANEL MEMBERS: _____

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NAMES OF OTHER PANEL MEMBERS: _____

III. COMPLETION OF AT LEAST ONE (1) OF THE FIVE (5) QUALIFYING ARBITRATIONS DESCRIBED IN SECTION II, ABOVE, WITHIN FIVE (5) YEARS PRIOR TO APPLYING FOR UMPIRE CERTIFICATION

DID AT LEAST ONE OF THE FIVE QUALIFYING ARBITRATIONS DESCRIBED IN SECTION II, ABOVE, TAKE PLACE WITHIN THE FIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION FOR UMPIRE CERTIFICATION?

Yes _____ No _____

OTHER INFORMATION

YOU ARE INVITED BUT NOT REQUIRED TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL SHOULD BE CONSIDERED BY THE BOARD OF DIRECTORS OF ARIAS·U.S.

STATEMENT BY APPLICANT

BY SIGNING AND SUBMITTING THIS APPLICATION TO ARIAS·U.S., I AGREE TO ABIDE BY AND BE SUBJECT TO THE *ARIAS·U.S. CODE OF CONDUCT* AND THE BY-LAWS OF ARIAS·U.S. 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, AND UNDERSTAND THAT SUCH INFORMATION MAY BE VERIFIED BY ARIAS·U.S.

OF APPLICANT SIGNATURE

OF SIGNATURE DATE

MAIL COMPLETED FORM TO:

Tracy Schorle EXECUTIVE DIRECTOR
ARIAS·U.S.
222 S Riverside Plaza., SUITE 31870
Chicago, IL 60606

OR (PREFERRED) EMAIL PDF OF SIGNED APPLICATION TO CERTIFICATION@ARIAS-US.ORG