

Supplemental Application: All Risks Internship Program

INSTRUCTIONS:

Complete all information, even if you are attaching a resume.
Submit the completed supplement with the completed Employment Application.

GENERAL INFORMATION

Full Name: _____
First Name Middle Initial Last Name

School Address: _____
Street # City, State Zip Code

School Contact: _____
Phone Email

Have you previously applied to All Risks' Internship Program? Yes No
If yes, please list the date(s) you have previously applied: _____

Do you have a valid Driver's License? Yes No

COLLEGE INFORMATION

College/University currently attending: _____

Anticipated graduation date: _____

Major: _____ **Overall GPA:** _____

Concentration: _____ **Major GPA:** _____

Minor: _____ **Insurance GPA:** _____

Current Student Classification: Junior* Senior Graduate

*A Junior will be planning to graduate no later than December of the calendar year following the internship

Total Hours Completed: _____ **Total Insurance Hours:** _____

Total other Business hours: _____

INSURANCE COURSES

List all Insurance courses that you are currently taking or have completed.
(If additional space is needed, please attach the document to this supplement)

	<u>Name of Course</u>	<u>Course Credits</u>	<u>Grade Earned</u>
1.			
2.			
3.			
4.			
5.			

INSURANCE DESIGNATIONS & EXAMINATIONS

List all Insurance Designations that you have received and industry examinations that you have passed.
(If additional space is needed, please attach the document to this supplement)

	<u>Name of Designation/Examination</u>	<u>State Issued</u>	<u>Date Received</u>
1.			
2.			
3.			

INTERNSHIP EXPERIENCE

List any prior internships

	<u>Name of Employer</u>	<u>Internship Dates</u>	<u>Manager</u>
1.			
2.			

EXTRACURRICULAR ACTIVITIES

Please list any activities you were involved in during your High School & College Years.
Examples are: Sports Teams, Fraternities, Sororities, Honors Clubs, Social Clubs & Business Organizations.
(If additional space is needed, please attach the document to this supplement)

	<u>Activity</u>	<u>Organization</u>	<u>Date(s) Involved</u>
1.			
2.			

OTHER

Identify and describe one of your major strengths and how it applies to a successful insurance professional:

PROGRAM REFERRAL

How did you hear about the All Risks Internship Program?

Publication _____ Employee _____ Internet _____
Classmate _____ Professor _____ Career Fair _____
Other (please specify) _____

APPLICATION REQUIREMENTS

Applications must be submitted to All Risks, Ltd. by December 10th. When submitting an application, the following **must** be included:

1. A completed Employment Application (including the Supplemental Application: All Risks Internship Program)
2. A copy of your current resume
3. A copy of your college transcript (unofficial transcripts will be accepted)
4. **Essay on Career Goals and the Importance of Internships**
5. Two (2) letters of recommendation

SUBMITTING YOUR INFORMATION

Documents can be submitted via email, fax or mail:

Email: internship@allrisks.com
Fax: (410) 828-7569 (attention: Internship Application Committee)
Mail: All Risks, Ltd.
10150 York Rd., 5th Floor
Hunt Valley, MD 21030
Attn: Human Resources (Internship Application Committee)