

Supplemental Application: All Risks Internship Program

An Equal Opportunity Employer

Instructions: Please read the instructions. You must complete all information, even if you attach a resume. Please type or print clearly with blue or black ink.

GENERAL INFORMATION

Full Name: _____
First Name
Middle Initial
Last Name

School Address: _____
Street #
City, State
Zip Code

School Phone: _____ School Email: _____

Have you ever applied to the All Risks' Internship Program? *If yes, when?* Yes No **Date:** _____
 Do you have a valid Driver's License? Yes No

COLLEGE INFORMATION

Name of College/University you Currently Attend: _____

Anticipated Graduation Date: _____

Major: _____ Concentration/Minor: _____

Overall GPA: _____ Insurance GPA: _____

Class (i.e. Junior*, Senior, Graduate): Junior Senior Graduate

*For example, 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: _____

*List all Insurance Courses taken that are applicable to the program for which you are applying.
 (If additional space is needed, please attach the document to the application)

INSURANCE COURSES

#	Name of Course	Credits	Grade Earned
1			
2			
3			
4			
5			
6			
7			
8			

INSURANCE DESIGNATIONS

List all Insurance Designations that you have received (If additional space is needed, attach the document to the application):

Name of Designation	State	Date Received

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INTERNSHIP EXPERIENCE

Please list any prior Internships:

Name of Employer	Internship Dates	Manager

EXTRACURRICULAR ACTIVITIES

Please list any activities you were involved in during your High School & College Years.

Examples are: Sports Teams, Fraternities, Sororities, honor Clubs, Social Clubs & Business Organizations. *(If additional space is needed, attach the document to the application)*

Activity	Name of Organization	Date Involved

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

Submitting Your Information: Documents can be submitted via email, fax or mail

Email: hr@allrisks.com

Fax: (410) 828 – 7569 (attention: Internship Application Committee)

Mail: All Risks, Ltd.

10150 York Rd. 5th Floor

Hunt Valley, MD 21030

Attention: Human Resources (Internship Application Committee)