

# Supplemental Application: All Risks University Program

An Equal Opportunity Employer

**Instructions**

Please read the instructions.  
You must complete all information as possible, even if you attach a resume.

## GENERAL INFORMATION

Have you previously applied to the All Risks University Program?

Yes  No

*(If yes, please answer the following questions)*

When did you apply to the program?

Date: \_\_\_\_\_

Did you get accepted to the program? *(Please provide an explanation below)*

Yes  No

Do you have a valid Driver's License?

Yes  No

## COLLEGE INFORMATION

Name of College/University	Major	Concentration or Minor	Overall GPA	Major GPA	Graduation Date

## INSURANCE COURSES

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)*

Name of Course	Credits	Grade Earned

## DESIGNATIONS & EXAMINATIONS

List all Insurance Designations that you have received and industry examinations you have passed that are applicable to the program for which you are applying. *(If additional space is needed, attach the document to the application)*

Name of Designation	State	Date Received

Have you passed the INS 21 examination?  Yes  No    Have you passed the INS 23 examination?  Yes  No

# Supplemental Application: All Risks University Program cont...

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## EXTRACURRICULAR ACTIVITIES

List activities that you were involved in during high school and college years that are applicable to the program for which you are applying (i.e. Business Organizations, Honors Clubs, Fraternities/Sororities, etc.) *(If additional space is needed, attach the document to the application)*

Activity	Name of Organization	Date Involved

## SHORT ESSAYS

Provide answers on a separate document.

- Identify and describe one of your major strengths and how it applies to a career as a successful insurance professional.
- Briefly explain what interests you about insurance and in particular, Surplus Lines.

## PROGRAM REFERRAL

How did you hear about the All Risks University Program?

- Publication \_\_\_\_\_
  Employee \_\_\_\_\_
  Internet \_\_\_\_\_  
 Classmate \_\_\_\_\_
  Professor \_\_\_\_\_
  Career Fair \_\_\_\_\_  
 Other (Please Specify) \_\_\_\_\_

## ADDITIONAL REQUIREMENTS

Please email, fax or mail the following information to All Risks, Ltd. by April 15<sup>th</sup>:

1. A completed Employment Application (including the Supplemental Application: All Risks University Program)
2. A copy of your current resume
3. A copy of your college transcript, if applicable
4. One (1) letter of recommendation or professional reference (preferably insurance related)

**Email Information:**

[hr@allrisks.com](mailto:hr@allrisks.com)

**Fax Information:**

(410) 828 – 7569

**Attention: All Risks University Program**

**Mail Information:**

All Risks, Ltd.  
 Human Resources Department  
 10150 York Road  
 5<sup>th</sup> Floor  
 Hunt Valley, Maryland 21030