

CIPA

Certified Insurance Premium Auditor



The CIPA is the highest professional designation specifically tailored for the premium auditor.

Business Qualifications: To qualify for the CIPA designation you must have completed three years of field experience conducting regulatory field audits. If you feel this qualification should be waived, please submit your qualifications and reasons in detail. They will be considered by the CIPA Committee and/or the Governing Board of NSIPA. Please list at least three years of employment history.

Education Requirement: Candidate must have passed APA 91, APA 92, CPCU 520 and two of three (CPCU 552, CPCU 551, and CPCU 540). Your transcript from the Insurance Institute of America must be attached to your application. If you cannot locate your transcript, please write the IIA for a copy.

Ethical Requirement: The candidate must sign the NSIPA Code of Ethics and provide three professional references. The NSIPA code of ethics states:

As a premium auditor, I will:

- a. be prudent in the use of information acquired in the course of my duties.
- b. provide a high standard of professional service to all policyholders.
- c. strive to improve my professional knowledge, skills, and competence.
- d. perform my duties in a dignified and professional manner.
- e. not enter into any activity which is or may appear to be in conflict with the interest of my employer.
- f. not injure the professional reputation of

- another premium auditor.
- g. cooperate in exchanging non-confidential information and experience with other premium auditors.

Application Process: There is a one-time application fee of \$50 for NSIPA members and \$125 for non-members.

Upon receipt of the application and check, the following procedures are implemented:

1. The application fee is deposited.
2. The committee reviews the application and sends three (3) personal reference letters. A minimum of two favorable responses is required.
3. The committee receives and reviews the personal reference responses along with the detailed application.
4. Qualified candidates will then receive a letter indicating a favorable recommendation. The NSIPA Executive Office will issue a certificate at the NSIPA Annual Seminar. Files and all pertinent information about such successful applicant will be maintained at the NSIPA Executive Office.
5. Unsuccessful candidates will receive a letter from the committee indicating those areas which do not meet the criteria for certification, as well as stating the right of appeal. Applicant's information will be on file at the NSIPA Executive Office for future reference.
6. The NSIPA Board of Directors will be the final board of appeal and the unsuccessful applicant will have the right, as outlined in the notification letter, to address that body.

Further questions and correspondence should be directed to:

NSIPA Executive Office
P.O. Box 14706
Lenexa, KS 66285-4706
Phone: (913) 895-4623
Fax: (913) 895-4652

Application For Certified Insurance Premium Auditor

Last Name: _____

First Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Name as you would like it to appear on the certificate: _____

Local insurance auditor association affiliation, if applicable: _____

References:

Please list three verifiable references who are familiar with your premium audit experience. At least two of the references must be from the insurance premium audit industry.

Name: _____ Title: _____

Company: _____

Address: _____

Name: _____ Title: _____

Company: _____

Address: _____

Name: _____ Title: _____

Company: _____

Address: _____

Employment History:

Name of Current Employer: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Name of Previous Employer: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Name of previous employer: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Please provide how you qualify for three (3) years' experience in the field: _____

Please provide the following information:

Name of Home Office Audit Manager: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Division Officer/Manager: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Immediate Supervisor: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that the information on this application is correct and I agree to abide by the NSIPA "Code of Professional Ethics," any amendments thereto, and to other requirements established by the NSIPA Board of Directors.

Signature: _____ Date: _____

Please attach documentary evidence of completion of the education requirements and a \$50.00 (member) or \$125.00 (non-member) refundable check made payable to NSIPA.

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