

**If you are completing your final RPLU exam, please complete this form and send it in with your registration form.**

Please fill in your name and Membership or ID Number, read the agreements, sign, date and submit this form with your final exam registration. Be sure to include your work history information.

Name \_\_\_\_\_

PLUS Membership or ID Number \_\_\_\_\_

**AGREEMENTS**

1. I, the undersigned, understand that my eligibility for RPLU candidacy will be determined, in part, by the answers contained herein. The final determination of such eligibility shall rest with the Professional Liability Underwriting Society's RPLU Committee. I hereby request to be awarded the Registered Professional Liability Underwriter designation by PLUS and hereby agree to abide by the policies and procedures promulgated by PLUS/RPLU, including, but not limited to the RPLU Standards and Guidelines. I also agree to be bound by any future amendments and/or new policies/procedures promulgated by PLUS/RPLU. Further I authorize PLUS and RPLU to utilize and/or publish, in whole or part, my name, likeness and any statements made by me for the promotion of PLUS and RPLU.
2. To enable PLUS to check my qualifications, PLUS may, for that purpose, reveal the fact that I have applied for permission to take the RPLU examinations. I authorize PLUS to use, directly or through others, any such potential source of information as may be reasonably necessary to accomplish such purpose, including, but not restricted to, the use of background checks and discussions with members of PLUS.
3. I agree that PLUS shall have the right to decline any application based on reasons, which in its sole judgement, it shall deem proper.
4. I understand that PLUS may release my name, company affiliation address and other information to promote the RPLU program and to announce recipients of the RPLU designation. However, it is understood that information about specific numeric grades will be regarded as confidential.
5. I agree that any time before the granting of the RPLU designation, I will, upon request, submit a supplemental statement bringing this application up to date and furnish such additional information pertaining to my eligibility to take future RPLU examinations or to receive the RPLU designation as PLUS, in its sole discretion, may require.
6. I understand that passing of the examinations is not the sole requirement for the RPLU designation, and I agree that I shall not be entitled to receive that designation unless I meet all the requirements established by the Board of Trustees of PLUS, whose sole judgment, I agree, shall be final.

**WORK HISTORY**

Prior to receiving the RPLU Designation, candidates must have been engaged for a minimum of 20 hours a week in professional liability insurance-related activities for a minimum of two years. Please list your qualifying work experience below:

		DATES OF EMPLOYMENT	
		From	To
Company	_____		
Job Title	_____		
Company	_____		
Job Title	_____		

I certify that all statements in this form are complete and true to the best of my knowledge and are made for the purpose of establishing candidacy in good standing.

Signature \_\_\_\_\_

Date \_\_\_\_\_