



Agreements Form

Once you have completed all ExecPLP Designation program requirements, please complete this form, and email it to Designation & Curriculum Manager, Stephanie Johnson (sjohnson@plusweb.org).

AGREEMENTS

1. I, the undersigned, understand that my eligibility for the Executive Lines Professional Liability Practitioner (ExecPLP) designation candidacy will be determined, in part, by the answers contained herein. The final determination of such eligibility shall rest with the Curriculum Committee and the Professional Liability Underwriting Society (PLUS).
2. I agree that PLUS shall have the right to decline any application based on reasons, which in its sole judgement, it shall deem proper.
3. I agree to be bound by any future amendments and/or new policies/procedures promulgated by PLUS and the ExecPLP program.
4. I authorize PLUS to utilize and/or publish, in whole or part, my name, likeness and any statements made by me for the promotion of PLUS and the ExecPLP designation.
5. To enable PLUS to check my qualifications, PLUS may, for that purpose, reveal the fact that I have applied for permission to take the ExecPLP 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.
6. I understand that PLUS may release my name, company affiliation address and other information to promote the ExecPLP program and to announce recipients of the ExecPLP designation. However, it is understood that information about specific numeric grades will be regarded as confidential.
7. I agree that any time before the granting of the ExecPLP 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 ExecPLP examinations or to receive the ExecPLP designation as PLUS, in its sole discretion, may require.
8. I understand that passing of the examinations is not the sole requirement for the ExecPLP 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.
9. I agree to maintain the ExecPLP designation by self-reporting twelve (12) hours of professional development related to D&O professional liability every two (2) years, as required by PLUS and the ExecPLP program. I understand PLUS may, at random, conduct an audit of self-reported professional development and, in its sole discretion, may request additional information and/or deny self-reported professional development. I understand that failure to self-report enough credits within the two-year period may result in suspension of the ExecPLP designation.

WORK HISTORY

ExecPLP designation candidates must have been engaged for a minimum of 20 hours a week in professional liability experience for a minimum of two years prior to receiving the ExecPLP designation. Please list your qualifying work experience below:

Employer(s)

Dates of Employment

Company _____

From _____ To _____

Job Title _____

Company _____

From _____ To _____

Job Title _____

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DESIGNATION CERTIFICATE

An electronic version of your ExecPLP designation certificate will be emailed to you after your Agreement Form has been received, reviewed, and approved by PLUS. Please provide your name as you would like it to appear on your designation certificate, and the email address to which it should be sent:

Name as it should appear on your designation certificate _____

Email address _____

OPTIONAL – PRINTED COPY OF DESIGNATION CERTIFICATE

A printed copy of your designation certificate can be mailed to you via USPS upon request. If you would like a printed copy mailed to you in addition to the electronic version, please check the box below and provide your mailing address.

Yes, I would like a copy of my ExecPLP designation certificate mailed to me at the following address.

Street Address _____

Suite/Apartment/Unit _____

City/State/Province _____

Zip/Postal Code _____ Country _____

DESIGNEE AUTHORIZATION

I, the undersigned, certify that I have read and agree to the above Agreements. 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.

I hereby request to be awarded the ExecPLP designation by PLUS and hereby agree to abide by the policies and procedures promulgated by PLUS and the ExecPLP designation, including, but not limited to the [Guidelines for Use of the ExecPLP Designation](#).

Printed Name _____

Signature _____ Date _____