

**Association of Insurance & Reinsurance Run-Off Companies**  
**ARBITRATOR and MEDIATOR APPLICATION (FORM 1)**

---

PLEASE COMPLETE THIS FORM FULLY, ATTACHING ADDITIONAL SHEETS AS NECESSARY. YOU MUST SIGN THE COMPLETED FORM AND SUBMIT IT TO AIRROC ALONG WITH A CURRENT RESUME.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Office/Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employment: \_\_\_\_\_

Position at Current Employment: \_\_\_\_\_

Previous Employment 1: \_\_\_\_\_

Position at Previous Employment 1: \_\_\_\_\_

Previous Employment 2: \_\_\_\_\_

Position at Previous Employment 2: \_\_\_\_\_

**UNDERGRADUATE EDUCATION**

(Institution, Degree(s) Earned, Year of Graduation)

---

---

---

**GRADUATE/PROFESSIONAL EDUCATION**

(Institution, Degree(s) Earned, Year of Graduation)

---

---

---

**AREAS OF EXPERTISE (Please Choose up to 5):**

- Accident & Health
- Asbestos
- Bad Faith/ECO
- Captives/Risk Retention Groups
- Casualty
- Catastrophes
- Commercial
- Commutations
- Contract Wording
- D&O
- Disability
- Environmental/Pollution
- Excess/Surplus Lines
- Fidelity & Surety
- Insolvencies
- International
- Life
- London Market
- MGA/MGU
- Personal Lines
- Product Liability
- Professional Liability
- Property
- Regulatory
- Toxic Tort
- Workers Compensation

**DIRECT/REINSURANCE EXPERIENCE:**

Please estimate what percentage of your experience involved Direct Insurance and what percentage involved Reinsurance:

Direct: \_\_\_\_\_

Reinsurance: \_\_\_\_\_

**PROFESSIONAL LICENSES/CREDENTIALS**

---

---

---

---

**ARBITRATOR QUALIFICATIONS**

TO BECOME AN AIRROC ARBITRATOR, AN APPLICANT MUST: (1) BE AN ARIAS-U.S. CERTIFIED ARBITRATOR IN GOOD STANDING; OR (2) HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES.

1. ARE YOU AN ARIAS-U.S. CERTIFIED ARBITRATOR IN GOOD STANDING?  YES  NO

2. DO YOU HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES?  YES  NO

IF YOUR ANSWER TO NO. 1 IS YES, PLEASE INCLUDE YOUR ARIAS PROFILE LINK.

IF YOUR ANSWER TO NO.2 IS YES, LIST RELEVANT EMPLOYMENT:

---

---

3. PLEASE LIST YOUR EXPERIENCE WITH AIRROC (WORK WITH AIRROC, ATTENDANCE AT MEETINGS, ETC).

---

---

4. CURRENT RATES AND RETAINER REQUIRED:

---

---

5. PREFERENCE FOR APPOINTMENTS:

- NEUTRAL ARBITRATOR/UMPIRE
- PARTY ARBITRATOR
- NONE

6. NUMBER OF PAST UMPIRE APPOINTMENTS

---

---

7. NUMBER OF PAST PARTY APPOINTMENTS

---

---

**MEDIATOR QUALIFICATIONS**

TO BECOME AN AIRROC MEDIATOR, AN APPLICANT MUST: (1) BE AN ARIAS-U.S. CERTIFIED MEDIATOR IN GOOD STANDING; OR (2) HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES.

DO YOU WISH TO BE INCLUDED ON THE AIRROC MEDIATOR LIST?

YES       NO

IF YES PLEASE ANSWER THE FOLLOWING:

1. ARE YOU AN ARIAS-U.S. CERTIFIED MEDIATOR IN GOOD STANDING?  YES       NO

2. DO YOU HAVE AT LEAST TEN YEARS' EMPLOYMENT BY ONE OR MORE INSURANCE OR REINSURANCE COMPANIES OR OTHER ENTITIES IN AN INSURANCE GROUP, INCLUDING COMPANIES IN RUN-OFF OR RECEIVERSHIP AND RISK-BEARING SYNDICATES?  YES       NO

**STATEMENT BY APPLICANT**

BY SIGNING AND SUBMITTING THIS APPLICATION TO AIRROC, I AGREE TO ABIDE BY AND BE SUBJECT TO THE RULES AND REGULATIONS PROMULGATED BY AIRROC IN ITS DISPUTE RESOLUTION PROCEDURE, AS SUCH PROCEDURE MAY BE AMENDED FROM TIME TO TIME, AND SPECIFICALLY INCLUDING ITS FEE STRUCTURE AND CONFIDENTIALITY PROVISIONS. I AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AFTER TAKING REASONABLE STEPS TO ENSURE ITS ACCURACY.

I UNDERSTAND THAT FROM TIME TO TIME AIRROC MAY CONTACT ME TO ASK IF I HAVE PARTICIPATED IN A PROCEEDING UNDER THE AIRROC ARBITRATION OR MEDIATION PROCEDURES. NO CONFIDENTIAL INFORMATION WILL BE REQUESTED.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

EMAIL SIGNED AND COMPLETED FORM WITH CURRENT RESUME TO:  
  
CAROLYN W. FAHEY  
EMAIL: [CAROLYN@AIRROC.ORG](mailto:CAROLYN@AIRROC.ORG)