



IAIPA

Indian American Insurance Professionals' Association
www.iaipa.org

IAIPA - CPCU® Program Enrollment Form

Advance Your Insurance Career with CPCU®

IAIPA is pleased to partner with **The Institutes** and offer an instructor-led CPCU® cohort covering two core courses designed to build leadership capability and operational fluency, and to strengthen technical expertise for greater industry impact.

Courses offered in the current cohort to India-based folks only:

CPCU 500: Becoming a Leader in Risk Management and Insurance Fee: ₹60,000

CPCU 520: Meeting Challenges Across Insurance Operations Fee: ₹60,000

Total Program Fee: ₹1,20,000. (Mandatory Enrollment in Both Courses)

Fee includes the following: Experienced Instructor-led cohort, course material and exam fee.

Payment Terms: Full payment of ₹1,20,000 is required at the time of enrollment.

Please complete the enrollment form below to register for the program.

PERSONAL INFORMATION

Provide all the required information *(Please Write in Capitals or Type)*

Last Name*

First Name*

Middle Name

Designation / Job Title*

Organization / Company Name*

Email Address*

Mobile Number*

City*

State/Country *



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PROFESSIONAL INFORMATION

Current Role*

Years of Experience in the Insurance Industry*

- 0–2 Years
 - 3–5 Years
 - 6–10 Years
 - 10+ Years
-

Primary Area of Work*

- Property & Casualty Insurance
 - Reinsurance
 - Risk Management
 - Insurance Broking
 - Insurance Consulting
 - InsurTech
 - Other _____
-



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INFORMATION FOR GENERATING THE PAYMENT INVOICE

Organization Name*

Accounts Payable / Finance Contact*

Finance Contact Email/Mobile No *

Invoice Requirements*

- Please issue the invoice in my individual name
- Please issue the invoice in my organization's name

Special Remarks (if any)

DECLARATION

- I certify that the information provided in this enrollment form is accurate and complete.
- I understand that enrollment is confirmed only upon receipt of the full program fee of ₹1,20,000.
- I agree to receive communications related to the CPCU® Program from IAIPA.

Signature

Applicant Name: _____

Signature: _____

Date: ____ / ____ / _____

*Fields marked with * are mandatory.*

Applicants must download and complete the IAIPA - CPCU® Program Enrollment Form

and email it to admin@iaipa.org. All payment formalities must be complete before the commencement of the program.