

**FORM 1B**



**ASSOCIATION OF  
AVERAGE ADJUSTERS**

**Form of Application to Sit Examinations**

Full Name of Candidate: .....

Professional or Business  
Address: .....  
.....  
.....

Email: ..... Office Telephone: .....

Please provide a brief summary of your involvement in marine insurance &/or marine industries and your reasons for taking the exams:

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**I hereby give notice that I wish to sit the following modules of the Association's Examinations (tick as appropriate).**

		March /April	October
Module 1	Marine Insurance Act, 1906 and related principles of insurance.	<input type="checkbox"/>	<input type="checkbox"/>
Module 2	Hull and Cargo Claims.	<input type="checkbox"/>	<input type="checkbox"/>
Module 3	General Average, Salvage and Carriage of Goods by Sea.	<input type="checkbox"/>	
Module 4	Hull Claims.	<input type="checkbox"/>	
Module 5	Collision Liabilities, ancillary insurances on ships and cargo claims.	<input type="checkbox"/>	
Module 6	Practical Adjustment Paper.	<input type="checkbox"/>	

This form should be returned to the Secretary, duly completed, by 15<sup>th</sup> January, or by 31<sup>st</sup> August if applying to sit Module 1 or 2 in October.

- I enclose an application fee of £            being £            for each Module applied for.
- I undertake that, if elected as either an Associate or a Fellow, I will conform to the Rules of the Association.

Signature of Candidate: ..... Date: .....