

2015 Summer Internship Program APPLICATION

8900 Keystone Crossing 8th Floor Indianapolis, IN 46240 Ph (800) 878-9891

Submissions must be postmarked by December 15, 2014.									Su	Submission Check List: o Application o Resume				
NAME											College TranscriptsCover Letter			
EMAIL ADDRES	S													
HOME ADDRES	s													
ADDRESS AT SO	CHOOL		-											
Birth Date	Are Yo			ou A US Ci	Ye	Yes No								
What College o	r Unive	ersity Do	You			•								
MAJOR				CURRENT GPA			MAJC GPA	_		EXPECTED GRADUATION DAT		DATE		
TOTAL HOURS COMPLETED				INSURAN HOURS		OTHER BUSINESS HOURS			S					
REFERENCES		-		ne profess ference for								is prefer	red. A	pplicant
Name			Position		Phone Number			Relationship to app				olicant #		of years
		WORK	EXPER	RIENCE: PL	EASE LIS	ST TWO M	1OST	RELI	VANT	POS	SITIOI	NS		
Company	npany				Dates		From: To:				Phone Number			
Location					Supervisor Title						Work Position			
Company					•	Dates	Fro To:					Phor Numb		
Location					Supe	rvisor &						Wo Positio	rk	



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Managing General Agents & Wholesale Insurance Brokers

Are you interested in learning more about insurance, commercial insurance or both? Why?							
Are you interested in underwriting, sales, risk management and/or working on the agency s	side? Why?						
Describe your extracurricular activities:							
Explain your career plans and goals:							
Describe what personal attribute or philosophy you have that will best qualify you for a car	eer in insurance:						
How did you hear about Arlington/Roe and the internship program?							
Signature:	Date:						
Submit complete package including application, resume, college transcripts & cover letter v	ia mail or email:						
Internship Committee							
Arlington/Roe							
8900 Keystone Crossing, 8th Floor							
Indianapolis, IN 46240							
or email to internship@arlingtonroe.com							
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(800) 878-9891							
More information at ArlingtonRoe.com About Us Internship							
(800) 878-9891							