



# Certified Specialist in Catastrophe Risk (CSCR) Exam 1 Waiver Request

- I have earned an FCAS, ACAS, CSPA or CPCU by examination and have passed ARe 144, and am requesting a waiver of the Property Insurance Fundamentals Exam.
- I have passed CAS Online 1 and 2 **or** PC1 **or** LM1\* **and** LM3\* and have passed ARe 144, and am requesting a waiver of the Property Insurance Fundamentals Exam.
- I have fulfilled the Property Insurance requirement but have not taken and passed ARe 144. I have registered for Exam 2. Please send me the required Knowledge Check.

\*Exams LM1 and LM3 are part of the Certificate in London Market Insurance offered by the Chartered Insurance Institute (CII), which is not affiliated with either ISCM or iCAS.

Please scan and email to [waivers@thecasinstitute.org](mailto:waivers@thecasinstitute.org) or mail to the address below. Include a copy of your transcript from The Institutes or the CII, as appropriate, along with your payment of \$75.

Please allow **2 weeks** for processing this request.

## CANDIDATE INFORMATION

Date of Birth: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_

State/Canadian Province (if applicable): \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## PAYMENT INFORMATION

To pay by credit card: Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Amount: \$75.00

If paying by check, please make check payable and mail to: **Casualty Actuarial Society**, P.O. Box 425,  
Merrifield, VA 22116-0425