

# Co-operative Insurance Companies

## Summer 2027 Internship Application

### 1. Applicant Information

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

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

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

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

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

College/University: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Year in School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

### 2. Eligibility Criteria

- ☐ I confirm I am enrolled in a post-secondary college program
- ☐ I am available to commute or relocate for 10 weeks as required for the internship.
- ☐ I confirm that I am a US Citizen or otherwise authorized to work in the United States without employer sponsorship.

### 3. Application Materials

Please attach the following with your application:

- Resume
- Essay response to the provided prompt
- Two letters of recommendation (academic or professional)

### 4. Internship Availability

- ☐ I am available for the full 10-week internship commitment.

Comment:

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- ☐ I am available to start the internship on or around June 1<sup>st</sup>.

Comment:

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## 6. Screening & Selection

- ☐ I consent to participate in an interview process if selected.
- ☐ If I am the selected Internship candidate, I understand that my offer of employment will be contingent on the results of a criminal background check and I understand that I will be asked to consent to the background check at that time.

## 7. Essay Prompt (250-400 words)

Please respond to the essay prompt. Submit your response as a separate document with your application materials.

At Co-operative Insurance Companies, we believe insurance is more than numbers, it's about protecting people and communities. The insurance industry offers diverse opportunities, from claims and underwriting to marketing, finance, IT, and beyond. Tell us why you are interested in learning about this field and what you hope to gain from participating in this internship. Please also share how your education, experiences, or personal strengths have prepared you to contribute and grow during this opportunity.

## 8. Statement of Commitment

I affirm that the information provided in this application is accurate and complete. I understand the expectations of the program and commit to full participation if selected.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_