



Insurance Person Of Distinction Nomination Form

I place in nomination for the Insurance Person Of Distinction the name of:

Name: _____

Agency/Company: _____

Address: _____

City/State/Zip: _____

Year Nominated: _____

ACTIVITIES & MEMBERSHIPS

Contributions to the insurance industry

Contributions to the community

AWARDS & DESIGNATIONS

INSURANCE EDUCATION

OTHER (Other reasons why nominee should be considered for this award)

Attach a separate sheet if more space is needed

Nominated by: _____

Agency/Company: _____

Address: _____

Telephone: _____

Email: _____