

Print and fill out this form and mail with a check or credit card info to City Auto Glass, PO Box 629 So St Paul, MN 55075. Or you may fax to (651) 552-1080 if paying with a credit card. Seating is limited. Registration does not guarantee a seat.

**Insurance Continuing Education Featuring Bob Loonan!**

*Sponsored by*



## Fall Session - 8 Credits!

<b>AM</b> Session <small>Approved for 4 credits</small>	<b>How insurance handles different Electricity Losses - 8:00 AM - 12:00 PM.</b> This session will review how coverage applies and sometimes does not apply to losses from electrical systems. What is the relationship between underwriting and municipal building inspections? We will hear directly from an electrical inspector about the affect today's housing situation has on defect losses. What are the risks regarding buildings? What are the risks involving appliances? This is a very informative course with easy practical application.
<b>PM</b> Session <small>Approved for 4 credits</small>	<b>Business Ethics applied to our age of communication - 12:00PM - 4:00 PM.</b> Data privacy plays a bigger and bigger role in how an agency does business. Case studies of problems involving failure to protect information will be discussed. Some simple 'how to' ideas will be articulated in this seminar. Much of this class will be spent on <i>why</i> you should do things right, not just <i>what</i> to do. This course will satisfy the new Ethics requirement from the State.

### Website CE Registration

#### Course location:

(Circle choice)

**Duluth**, September 1 | **Hibbing /Chisholm**, September 2 | **Rochester**, September 10 | **Mankato**, September 9  
**Willmar**, August 25 | **Brainerd**, August 26 | **St Cloud**, August 27 | **South St Paul**, September 15  
**Brooklyn Center**, September 22 | **Shakopee**, September 24 | **Vadnais Heights**, September 17

Name: \_\_\_\_\_ (as it appears on license)

Insurance Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Minnesota Insurance License Number \_\_\_\_\_

I will attend the **AM Session** \_\_\_\_\_ I will attend the **PM Session** \_\_\_\_\_ I will attend **both** \_\_\_\_\_

I will be attending the complimentary luncheon. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

The fee is \$50 regardless of full or half day attendance. You may include a personal check payable to City Auto Glass with this form and mail to City Auto Glass, PO Box 629 So St Paul, MN 55075. Or fill in the credit card information and fax to (651) 552-1080. **Your credit card will not be charged until after the event date.**

Visa, MC, or Discover Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

(circle card type)

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

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ CVV# \_\_\_\_\_

(last 3 digits of the number on the back of card)