

Insurance Continuing Education Featuring Bob Loonan!

Sponsored by



Spring 2011 Session - 8 Credits!

<p>AM Session <u>4 credits</u></p>	<p>No Fault Solution to Some of Today's Problems - 8:00 AM - 11:45 AM In this session we will review the No-Fault Statute. We will discuss options available for tailoring the coverage to solve problems that people are having out there in today's economy. We will explain how PIP reacts to other coverage. There will be case studies of applications of these options.</p>
<p>PM Session <u>4 credits</u></p>	<p>Disclosure Obligations From an Ethical and Statutory Standpoint - 12:15 PM - 4:00 PM This session is designed to help the insurance professional understand the statutory obligations that we have to disclose to our policy holders. What responsibility does the insured have to understand what they are buying? We will also discuss the "Name your own price" environment.</p>

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.

Spring 2011 CE Registration

Course location: please circle class location

**Brainerd-Feb 8 | Willmar-Feb 9 | St Cloud-Feb 10 | Chisholm-Feb. 15 | Duluth-Feb. 16 | Mankato-Feb 22
Rochester-Feb 23 | South St Paul-Mar 8 | Brooklyn Center-Mar 10 | Vadnais Hts-Mar 15 | Shakopee-Mar 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 _____
(as it appears on your credit card statement)

Cardholder Signature _____ CVV# _____
(last 3 digits of the number on the back of card)