

OHIO COUNCIL OF NAIW
INSURANCE PROFESSIONAL OF THE YEAR ENTRY FORM

Candidate # _____

NAME: _____

ADDRESS: _____

EMPLOYER: _____

JOB TITLE: _____

LOCAL NAIW ASSOCIATION:

NUMBER OF YEARS EMPLOYED: _____

NUMBER OF YEARS IN THE INSURANCE PROFESSION: _____

NUMBER OF YEARS AS A NAIW MEMBER: _____

DEADLINE IS OCTOBER 21, 2009

PRESIDENT OF LOCAL ASSOCIATION: _____

(Signature)

(Date)