



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

Employer of the Year Nomination Form

This annual award recognizes the support of an agency, company or other insurance related employer given to a Federation of New York Insurance Professionals, Inc. member. The employer chosen will be recognized in the spring issue of the Federation News. The Employer will be presented with a plaque at the annual convention of FNYIP, Inc. Award recipients will not be eligible for consideration until three years have passed.

I _____ (name) nominate my employer _____
(Employer Name for the FNYIP, Inc. Employer of the year recognition.)

My Employer has supported me in a number of ways including:

- _____ Pays for my FNYIP/Local Association Dues
 - _____ Pays for Local Association Meetings or allows us to meet at the office
 - _____ Allows me time off for Association functions
 - _____ Pays for or subsidizes the cost to attend the Annual Convention
 - _____ Encourages me to obtain an insurance education designation
 - _____ Recognizes the importance of the FIPC designation
 - _____ Allows me to receive FNYIP related material and phone calls at work
 - _____ Supports my efforts to volunteer for service on the FNYIP Board or Local Asso.
 - _____ Sponsors the FNYIP convention directly or through the purchase of advertising in space in the Journal book.
-

Employer Representative name: _____

Employer Address: _____

E-Mail/Phone: _____

Member Name/Phone: _____

Member Association: _____

DEADLINE: 2/1/2015

Mail form to: Kathy Cournoyer c/o NYCM, 1899 Central Plaza East, Edmeston, NY 13335

e-mail: kcournoy@nycm.com

Any Questions: 607-965-2551