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,_____(Employee 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 Association.

_____Sponsors the FNYIP convention directly or through the purchase of advertising in the Journal book.

You may want to attach a letter to expand on the items above or why you feel they qualify as Employer of the Year.

Employer Representative Name: _____

Employer Address: _____

E-Mail/Phone: _____

Member Name/Phone: _____

Member Association: _____

DEADLINE – February 1, 2024

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