



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.

Employer Representative Name: \_\_\_\_\_
Employer Address: \_\_\_\_\_
E-Mail/Phone: \_\_\_\_\_
Member Name/Phone: \_\_\_\_\_
Member Association: \_\_\_\_\_

DEADLINE: 2/1/2018

Mail form to: Dolly Benjamin
6947 State Hwy 51
West Winfield NY 13491

Email: dbenjamin19@twcny.rr.com
Any questions: 607 435-8570

Local Associations Include:

Albany ~ Auburn ~ Buffalo ~ Chenango Valley ~ Crossroads ~ Fulton County ~ Mohawk Valley ~ North Country
Orange County ~ Queens County ~ Syracuse ~ Westchester County ~ Long Island