



*San Diego*

## ***Insurance Professional of the Year Nomination Form***

***I nominate \_\_\_\_\_ for the “Insurance Professional of the Year Award” presented by PWI.***

***Nominee’s Company Name and email \_\_\_\_\_  
\_\_\_\_\_***

***Following is a list of his/her qualifications and accomplishments: (Please provide details or statistics where applicable)***

- Involvement and commitment to PWI (positions held, committee activities):***
  
- Industry involvement (employment history, involvement in other industry organizations):***
  
- Education and credentials (designations held or working on, industry related classes attended or instructed):***
  
- Community involvement:***
  
- Ways nominee reflects PWI motto, “To encourage and support professionals in the insurance industry and in the community:”***

***Submitted by: \_\_\_\_\_***

***Address: \_\_\_\_\_***

***Phone/Fax/ E-Mail: \_\_\_\_\_***

***Return by October 31<sup>st</sup> to:***

***Linda Sanford, Underwriting Mgr.,  
State Compensation Insurance Fund  
P.O. Box 85531  
San Diego CA 92186-5531***

***Or scan & e-mail to: [lwsanford@scif.com](mailto:lwsanford@scif.com)***