



REGISTRATION FORM

Please print, complete and fax, mail or email this form to reserve your place for your choice of course

Name

Address

City State Zip Code

Phone (H) Phone (W)

E-mail Soc. Sec. # (last 4 digits)

License # License Type Birth Date / / Expires:

Employer Occupation:

Address

City State Zip Code

Phone Manager

Please choose a Classroom Course and a Self Study Course – 16 CE Credits

Classroom Courses, Approval #'s and Credits: Please check the course(s) and date (s) you are registering for

(Courses #'s 101, 102, 103, 104 are approved for BR, PC, PA, C3 (Courses #'s 201 and 202 are approved for BR, PC, PA, C3, LA, LB, and C1) (501 is approved - LA, LB, and C1)

- 101. Introduction to Commercial Property NYCR- 212277 8 cr Date: _____ Location: _____
- 102. Introduction to Commercial Liability NYCR - 212279 8 cr Date: _____ Location: _____
- 103. Commercial Inland Marine NYCR – 215461 4 cr. Date: _____ Location: _____
- 104. Professional Liability (E&O) NYCR – 215450 4 cr. Date: _____ Location: _____
- 201. Risk Mgmt – Personal – P&C Risks NYCR - 213910 4 cr. Date: _____ Location: _____
- 202. Risk Financing Options NYCR - 213909 4 cr. Date: _____ Location: _____
- 203. Business Continuation NYCR – 217320 8 cr Date: _____ Location: _____
- 501. Estate Planning NYCR – 212278 8 cr. Date: _____ Location: _____

Self Study "Bridge Courses", Approval #'s and Credits: Please check the course(s) you are registering for:

- 302. Medicare and Medigap Insurance (LA, LB,C1) NYCS – 217284 8 cr.
- 401. Ethics for the Insurance Professional NYCS – 212328 8 cr. *Monitored Exams are taken same day of class.*
- 403. Understanding financial needs of Clients NYCS – 212290 7 cr. *(8:00- 9:00 a. m)*
- 404. Insurance Fraud Awareness NYCS – 226163 8 cr.
- 405. Legal Concepts and Doctrines NYCS – 226152 8 cr.

"Bridge Courses" are approved for BR, PC, PA, C3, LA, LB AND C1

PAYMENT METHOD: (Check One and list the card #)

Payment Enclosed: \$ _____

- Check Master card Card # _____ Expiration Date: _____
- Money Order Visa Am. Exp. 4 Digit # _____ All other cards 3 Digit # _____
- American Express

Registration: All registration fees must be received **7 days in advance of class start date.**

Photo ID is required on day of class

• Register by **Phone/Fax:** Tel. 845-354-2036 Fax completed Registration Form to 845-354-4779 • Register online: www.focalinsurance.com

• Register by **Mail:** Return Registration Form - Check payable to: **Focal Insurance Consulting - Insurance Education P.O. Box 175 Pomona. NY 10970**

Attendance: The New York Insurance Department requires full attendance for NY Continuing Education credits. Timely arrival and attendance of the 8 hour class are mandatory for full 8 hour credits. Monitored Exam will be administered one hour prior to the starting time of class.

Cancellation: Tuition fees are refundable if you provide a written request to Focal Insurance one working day prior to class date less a \$25 non refundable administrative Fee. Licensees can then reschedule class at no charge. Tuition is non-refundable for "No Shows". "No Shows are allowed to reschedule with a \$20 reschedule fee.

How did you hear of us? Advertising _____ Internet _____ NY State Ins. Dept. _____ Referral _____

Signature: _____ Date: _____