

# Westport Insurance Company Loss Control Credit

Class Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Westport Policy #: \_\_\_\_\_

<u>Name</u>	<u>Agency Position</u>		
_____	<input type="checkbox"/> Personal Lines CSR <input type="checkbox"/> Agency Manager	<input type="checkbox"/> Commercial Lines CSR <input type="checkbox"/> Agency Principal	<input type="checkbox"/> Producer <input type="checkbox"/> Other
_____	<input type="checkbox"/> Personal Lines CSR <input type="checkbox"/> Agency Manager	<input type="checkbox"/> Commercial Lines CSR <input type="checkbox"/> Agency Principal	<input type="checkbox"/> Producer <input type="checkbox"/> Other
_____	<input type="checkbox"/> Personal Lines CSR <input type="checkbox"/> Agency Manager	<input type="checkbox"/> Commercial Lines CSR <input type="checkbox"/> Agency Principal	<input type="checkbox"/> Producer <input type="checkbox"/> Other
_____	<input type="checkbox"/> Personal Lines CSR <input type="checkbox"/> Agency Manager	<input type="checkbox"/> Commercial Lines CSR <input type="checkbox"/> Agency Principal	<input type="checkbox"/> Producer <input type="checkbox"/> Other
_____	<input type="checkbox"/> Personal Lines CSR <input type="checkbox"/> Agency Manager	<input type="checkbox"/> Commercial Lines CSR <input type="checkbox"/> Agency Principal	<input type="checkbox"/> Producer <input type="checkbox"/> Other

<b>Attendance Requirements for 10% Loss Control Credit</b>					
Agency Staff Size	Staff Attendance Required at Live Seminar (min. 6 hrs. of classroom time)	Position in Agency	Live Seminar or ABEN Webinar	Position in Agency	Total Attendees Required
1	1	Active agency principal, owner, partner or officer	Not Applicable		1
2-7	1	Active agency principal, owner partner or officer	1	Producer or CSR	2
8-20	2	(1) Active agency principal, owner partner or officer <b>AND</b> (1) Active agency principal, owner partner or officer, operations manager or producer	2	Producer or CSR	4
21-50	3	(1) Active agency principal, owner partner or officer <b>AND</b> (1) Active agency principal, owner partner or officer, operations manager or producer <b>AND</b> (1) CSR	3	Producer or CSR	6
51+	5	(1) Active agency principal, owner partner or officer <b>AND</b> (2) Active agency principal, owner partner or officer, operations manager or producer <b>AND</b> (2) CSRs	5	Producer or CSR	10

**Return completed form to Denise Miller (dmiller@iianc.com) / Jan Watkins (jwatkins@iianc.com) or fax to 919-821-3172.**

**Internal Use Only**

Year 1 Renewal Date: \_\_\_/\_\_\_/\_\_\_      Year 2 Renewal Date: \_\_\_/\_\_\_/\_\_\_      Year 3 Renewal Date: \_\_\_/\_\_\_/\_\_\_