

Florida Affidavit

Email all forms to:

The National Alliance for Insurance Education & Research

Email: affidavit@scic.com

Affidavit of Webinar Completion

Student Information

Student Name:		
Street:		
City:	State:	Postal Code:
Phone Number:		
Course Name: Insurance Company Operations Institute (Clssrm/Web)		

Date	Section Title
	1. Executive Strategies
	2. Actuarial Practices & Accounting
	3. Claims
	4. Agency/Policyholder Services
	5. Product Development
	6. Underwriting

Affidavit of Personal Responsibility Completed and Signed by Student

I _____, certify that I participated in and attended all sessions of the web cast course <u>104598</u> _____	
(Florida course ID #)	
_____	_____
Student's Signature	Date