

September 19, 2017

8:00 am - 5:00 pm

INSTRUCTOR: Lynne Lovell, cic, crm, clu, chfc, arm, rhu

DATE:

TIME:

## **Insurance Training and Education Center, Inc.'s ~ 2017 Education Schedule**~ a subsidiary of the Independent Insurance Agents and Brokers of Arizona ~

## **CRIS Workers Compensation for Contractors Seminar**

This course provides a general overview of standard workers compensation and employers liability insurance, with specific attention to provisions that most affect coverage or create problems for some or all contractors. In addition to the standard policy provisions, key statutes that impact contractors workers compensation exposure and costs, such as independent contractor liability, employee leasing, overtime pay, and various federal acts, are also addressed. Suggestions for modifying coverage to address potential coverage gaps and other problematic provisions are provided where appropriate.

**LOCATION:** ITEC Classroom (3<sup>rd</sup> St. & Flower St., N. of Thomas Rd.)

333 East Flower Street

Phoenix, AZ 85012

(602) 956-1851

Class time: 8:00 a.m. - 5:00 p.m. NOTE: For an additional \$15, we will provide you with in-house lunch service

CPCU, ASLI, AFSB, MLIS, AINS, CRIS

<b>COST:</b> \$195.00 for members \$220.00 for no			002) 000 1001	
Add \$15 for in-house lunch service (op			This course is approved for 8 hours of Arizona Continuing	
Please Note: All participants must present photo identification to the on-site re		registrar at the course.	Education Credit.	
□ Mr. □ Ms. □ Mrs.				
First Name:	M.ILast N	lame:		
Are you taking this seminar for C.E. credit?  ☐ YES ☐ NO	Design Date of	ations: f Birth:		
Agency/Company:				
Address:				
City: State	o:	Zip Code:		
Phone: (		Fax: <u>(</u> )		
E-Mail Address:				
<b>Nethod of Payment:</b> □ Check: made payable to ITEC □ Credit Card:			Receipt? ☐ YES ☐ NO	
mount:  \[ \begin{aligned} \frac{\\$195.00}{\} \text{ member price or } \Boxed \frac{\\$220.00}{\} \text{ non-member price} \\ \Boxed \frac{\\$15.00}{\} \text{ optional in-house lunch service} \end{aligned}			STERCARD AMERICAN EXPRESS edit Card Security Code:	
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Cardholder's Name:  ↑ Please Print! ↑		Cardholder's Signature:		
Credit card billing address (Please include zip code):		dress as above? Please of	circle YES or NO↑	

CANCELLATION POLICY: Full refund if written notification is received seven (7) business days prior to the seminar. Cancellations received after that date

will incur a \$50 non-transferable fee. No shows forfeit full registration fees. ITEC reserves the right to cancel or reschedule this event.