



# CISR Insuring Personal Lines Miscellaneous

This course addresses the exposures created by watercraft, recreational vehicles, and business activities often encountered when working with personal lines clients. Prompting your client to identify these exposures is crucial, because the ISO Homeowners and ISO Personal Auto Programs provide only very limited coverage. You will be better able to design the appropriate coverage for these exposures. The course will also provide an analysis of the important coverage offered through personal umbrella or excess liability policies. Topics include: Watercraft Exposures & Coverages, Recreational Vehicles, Business Activities of Personal Lines Clients and Personal Umbrella/Excess Liability.

**PLEASE NOTE:** It is not mandatory, but highly recommended that students taking CISR Personal Lines Miscellaneous have already taken CISR Personal Residential or have a working knowledge of the Homeowners Policy Form.

Class times: 7:45 a.m. – 4:00 p.m. Optional exam: 4:00 p.m. – 5:00 p.m. Lunch will be provided.

**DATE:** October 17, 2018

**INSTRUCTOR:** Daniel Fink, CIC, CRM, AAI

**LOCATION:** Covenant Church  
3004 North Main Street  
Flagstaff, Arizona 86004  
Phone: (928) 214-0814

**Please Note:** All participants must present photo identification to the on-site registrar at the course.

**Approved for 7 hours of Arizona Continuing Education Credit**

**PLEASE PRINT!**

☐ Mr. ☐ Ms. ☐ Mrs.

Resident State: \_\_\_\_\_ NPN #: \_\_\_\_\_

Preferred Name for Badge: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you taking this seminar for C.E. credit?

☐ YES ☐ NO

Designations: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Method of Payment:**

☐ Check: made payable to ITEC

Receipt? ☐ YES ☐ NO

☐ Credit Card:

Amount: \$175.00 ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit Card Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

↑ Please Print! ↑

Credit card billing address (with zip code): \_\_\_\_\_

↑ Same address as above? Please 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 \$25 non-transferable fee. No shows forfeit full registration fees. ITEC reserves the right to cancel or reschedule this event.