



# CRIS Property Insurance for Contractors Seminar

This course focuses on builders risk and contractors equipment insurance, including suggestions for maximizing the effectiveness of the coverages. It also includes a review of important concepts with respect to insuring the contractor's office or other permanent property. Topics include covered and excluded property, covered and excluded perils, covered parties, and alternative methods of reporting covered values. Various policy provisions that impact the scope of coverage – such as subrogation, occupancy, and cancellation – are also examined. Suggestions for modifying coverage to address potential coverage gaps and other problematic provisions are provided where appropriate. Class time: 8 a.m. – 5:00 p.m.

**NOTE:** For an additional \$15, we will provide you with in-house lunch service.

**DATE:** June 13, 2019  
**INSTRUCTOR:** Jackie Wanta, CIC, CPCU, ARM, CRIS  
**TIME:** 8:00 am – 5:00 pm  
**COST:** \$195.00 for members \$220.00 for non-members  
Add \$15 for in-house lunch service (optional)

**LOCATION:** ITEC Classroom (3<sup>rd</sup> St. & Flower St., N. of Thomas Rd.)  
333 East Flower Street  
Phoenix, AZ 85012  
(602) 956-1851

*This course is approved for 8 hours of Arizona Continuing Education Credit.*

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

Mr.  Ms.  Mrs. Arizona Insurance License #: \_\_\_\_\_  
Preferred Name for Badge: \_\_\_\_\_

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

Are you taking this seminar for C.E. credit? Designations: \_\_\_\_\_  
 YES  NO Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

**Method of Payment:**  Check: made payable to ITEC Receipt?  YES  NO  
 Credit Card:

Amount:  \$ 195.00 member price or  \$ 220.00 non-member price  VISA  MASTERCARD  AMERICAN EXPRESS

Add  \$ 15.00 optional in-house lunch service Credit Card Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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

↑ Please Print! ↑

Credit card billing address (Please include zip code): \_\_\_\_\_

↑If credit card billing address is the same as the address listed above, write SAME↑

**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.