

# Insurance Awards Program 2010

# NOMINATION FORM

**PLEASE SELECT THE CATEGORY YOU WISH TO ENTER/NOMINATE FOR:**

- Volunteer Service Award
- Brokerage of the Year
- Client Service Award
- Training Award
- Young Broker of the Year
- Insurance Representative of the Year

**NOMINATOR DETAILS:**

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

Position Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please be prepared to respond to questions through a telephone interview related to the category criteria for your nomination.**

**NOMINEE DETAILS:**

Name *(if not self)*: \_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Entrant or Nominator

\_\_\_\_\_  
Date

**Completed entries MUST be submitted by 4 p.m., Monday March 1, 2010 to:**

Insurance Brokers Association of Nova Scotia  
c/o Insurance Awards Program  
380 Bedford Highway  
Halifax, NS B3M 2L4  
Facsimile: (902) 876-0527 OR Online: [keri@ibans.com](mailto:keri@ibans.com)

