

Outstanding Customer Service Representative of the Year Award

Does someone in your office deserve to be the *Outstanding CSR of the Year*?



Nominate the 2012 Winner and Receive a \$1,000 cash award!

Nominations are now being accepted in all 50 states and Puerto Rico for the 2012 National Outstanding CSR of the Year. This award is the highest honor for insurance customer representatives who have distinguished themselves through contributions to their industry and profession.

Open to everyone regardless of affiliation or professional designation, candidates must:

- Be an insurance customer service representative, or have primary responsibility for customer service duties, and
- Write an essay of no more than two pages double-spaced (approximately 1,000 words) on the following topic: ***“Given the emphasis that many of your Commercial Lines and Personal Lines clients place on price, identify and explain four (4) important actions your companies have taken, or could take, to help you and your agency become more competitive,”*** and
- Submit letter(s) of recommendation from a professional reference(s).

To make your nomination, please complete this form and mail or fax today so your nominee may be contacted. NOTE: You may nominate yourself. All essay entries become property of The National Alliance, inclusive of permission to reprint. **Deadline for all materials (including essay) is May 1, 2012.**

What are the rewards of winning?

Nominees will first compete on a state level. State winners will automatically be entered into the national competition.

State Winners Will Receive—

- Framed Certificate of Achievement
- State recognition
- Advancement to national competition

4 National Finalists Will Receive—

- \$500 cash award
- National recognition
- Gold and garnet pin

National Award Recipient Will Receive—

- \$2,000 cash award
- Gold and diamond pin
- Employer receives a scholarship to a National Alliance program
- Nominator receives a \$1,000 cash award

NOMINATION FORM*

Please print or type.

My Nominee's name is _____

Nominee's designations (if any) _____

Years of experience _____

Position _____

Agency/Company _____

Address _____

City, State, Zip _____

Telephone (_____) _____

Fax (_____) _____

Email _____

Nominator Information

* You may nominate yourself.

Your Name _____

Address _____

City, State, Zip _____

Telephone (_____) _____

Fax (_____) _____

Email _____

Please DO DO NOT mention my name when corresponding with the nominee.

Return this form to:

Massachusetts Association of Insurance Agents
91 Cedar St.
Milford, MA 01757
Ph: 508-634-2900 • Fax: 508-634-2929



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