



# CPI ADVANCED PRODUCER SCHOOL SIGNATURE<sup>SM</sup> ACCOUNT ACQUISITION & DEVELOPMENT

NOVEMBER 17-20, 2003  
APPLICATION

## EMPLOYMENT INFORMATION

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

Current Agency/Broker: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Position: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to: (Present date) \_\_\_\_\_

Chubb Producer Code: \_\_\_\_\_

Producer License #: \_\_\_\_\_ State Licensed in: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

***Important**—A copy of your current Insurance License must accompany your application.*

## PERSONAL INFORMATION

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name I Want on My Certificate: \_\_\_\_\_

The Name My Friends Call Me (*as it will appear on table card*) \_\_\_\_\_

In Case of Emergency, Please Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have any serious medical conditions that may require emergency or special treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is "yes," please explain below:

\_\_\_\_\_

## VAN DRIVERS NEEDED

For your convenience, we would like to arrange van transportation from the hotel to class each day. In order to provide this service, volunteers are needed to drive the vans. If you would like to volunteer to be a van driver, please provide your driver's license number and the state in which you are licensed.

License #: \_\_\_\_\_ State: \_\_\_\_\_

## REGISTRATION FEE

**The Registration Fee of \$750 must be enclosed as part of the application process to ensure your reservation. The registration fee includes lodging, materials, and continuing education credits. Please make check payable to Chubb & Son.**

In the event your application is denied, the Registration Fee will be returned in full.

## CANCELLATION POLICY

If you need to cancel your reservation, please contact Ginny Leininger at 908-903-4520 or [vleininger@chubb.com](mailto:vleininger@chubb.com)

In the unlikely event the CPI Advanced Producer School must be cancelled or rescheduled, the Registration Fee will be returned.

## MAILING INSTRUCTIONS

Please send the registration fee, a copy of your producer license and completed application to:

Ginny Leininger, Training Coordinator-Agency Education  
Chubb Group of Insurance Companies  
15 Mountain View Road  
Warren, NJ 07061-1615  
[vleininger@chubb.com](mailto:vleininger@chubb.com)

*Thank you for taking this step toward improving your sales skills.  
Upon receipt and acceptance of your application,  
we will send the logistics regarding the program.*