

AWIA WEBINAR GROUP CE RETURN COVER SHEET AND MONITOR VERIFICATION

CLASS TITLE _____ CLASS DATE _____

AGENCY NAME _____ AGENCY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

LIST NAME AS IT APPEARS ON YOUR LICENSE

INDICATE WHICH NUMBER YOU ARE PROVIDING

- | | |
|----------------|-----------------------------|
| 1. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 2. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 3. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 4. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 5. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 6. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 7. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 8. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 9. NAME _____ | LICENSE NUMBER OR NPN _____ |
| 10. NAME _____ | LICENSE NUMBER OR NPN _____ |

MONITOR VERIFICATION: PLEASE NOTE: CE CREDITS CANNOT BE ISSUED WITHOUT THIS SECTION BEING COMPLETED.

ADMINISTERED FROM: _____ AM/PM TO _____ AM/PM (PLEASE CIRCLE)

I CERTIFY THAT THE AGENT (S) NAME (S) LISTED ABOVE HAS/HAVE COMPLETED THE WEBINAR SESSION. I HAVE ADMINISTERED THIS WEBINAR AND THEREFORE, VERIFY THAT AT NO TIME DID ANY FRAUDULENT BEHAVIOR AND/OR USE OF THE WEBINAR OCCUR WHICH COULD RESULT IN LOSS OR SUSPENSION OF THE AGENT'S LICENSE OR THIS FIRM'S LICENSE.

SIGNATURE _____ DATE _____

PLEASE RETURN BY E-MAIL TO AWIA@VCN.COM OR FAX TO 775 796-3122

AWIA COURSE ATTENDANCE RECORD SHEET

THIS FORM HAS BEEN GIVEN TO YOU AT THE BEGINNING OF THIS WEBINAR. IN ORDER TO RECEIVE CE CREDITS, YOU MUST COMPLETE THIS FORM. YOU WILL BE INELIGIBLE FOR CE CREDITS IF THIS FORM IS NOT RETURNED AT THE END OF THE WEBINAR. THERE ARE NO EXCEPTIONS.

COURSE TITLE _____ COURSE DATE _____ COURSE TIME _____

| TIME IN | SIGNATURE | TIME OUT | SIGNATURE |
|---------|-----------|----------|-----------|
| _____ | _____ | _____ | _____ |

I CERTIFY UNDER PENALTY OF PERJURY THAT THESE ARE THE CORRECT TIMES FOR MY ATTENDANCE AT THIS SESSION.

YOUR NAME (AS IT APPEARS ON YOUR LICENSE) _____

AGENCY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ LICENSE NUMBER OR NPN (PLEASE CIRCLE WHICH YOU ARE USING) _____ LI/NPN

EMAIL _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THESE ARE THE CORRECT TIMES FOR MY ATTENDANCE AT THESE SESSIONS

IN ORDER TO COMPLY WITH THE DEPARTMENT OF INSURANCE'S REGULATIONS ON TIMELY NOTIFICATION, YOU MUST RETURN THE COURSE ATTENDANCE RECORDS WITH 5 DAYS AFTER THE CLASS DATE. LATE RECEIPT OF COURSE RECORDS WITH RESULT IN NO CE CREDIT BEING APPLIED TO THE ATTENDEES RECORDS.

PLEASE RETURN BY E-MAIL TO AWIA@VCN.COM OR FAX 775 796-3122