



**BETTY GERDES DISTINGUISHED SERVICE AWARD  
NOMINATION FORM**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**NOMINEE INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Company \_\_\_\_\_  
Position \_\_\_\_\_ Years in Premium Audit \_\_\_\_\_  
Designations \_\_\_\_\_

**CURRENT INSURANCE AFFILIATIONS**

Local Audit Association \_\_\_\_\_  
Regional Audit Association \_\_\_\_\_  
NSIPA Member (please circle)      YES      NO  
Other (list) \_\_\_\_\_

**ASSOCIATION (local, regional, national) OFFICES HELD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR BEING NOMINATED (Use blank page, if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE FORM AND SEND TO NSIPA  
VIA FAX TO (877) 835-5798 OR MAIL TO P.O. BOX 936, COLUMBUS, OH 43216-0936.