

# CERTIFIED INSURANCE PRACTITIONER PROGRAM

## SPECIALIZED INSURANCE SOLUTIONS FOR LIFE PROFESSIONALS



Please note Advisors participating in this Program must be contracted with and processing their insurance business through DIAL as a full partner. Please discuss this criteria with your Resource Centre or Business Development Team prior to registering.

| Attendee Information                                  |   |
|---|---|
| Prefix:   | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. |
| First Name:   | _____   |
| Last Name:  | _____   |
| Common Name:  | _____   |
| Dealer/Rep Code:                                      | _____   |
| Branch Number:  | _____   |
| Branch Address:                                       | _____   |
| City:   | _____   |
| Province:   | _____   |
| Postal Code:  | _____   |
| Email Address:  | _____   |
| Phone:  | _____   |
| Fax:  | _____   |
| Special Dietary Requirements:                         | _____<br>_____  |
| CE Credit Requirements:<br>(Advocis, IDA, MFDA, etc.) | _____<br>_____<br>_____   |
| Assistant(s) and / or Administrator(s):               | _____<br>_____  |

| Program Information  |   |
|--|---|
| Please indicate which Program you are registering for:   |   |
| <b>Level 1 Fall Sessions:</b>  |   |
| <input type="checkbox"/> Moncton   | September 11 <sup>th</sup> to 13 <sup>th</sup>          |
| <input type="checkbox"/> Montreal  | September 17 <sup>th</sup> to 19 <sup>th</sup> (French) |
| <input type="checkbox"/> Quebec City   | October 2 <sup>nd</sup> to 4 <sup>th</sup> (French)     |
| <input type="checkbox"/> Calgary   | October 23 <sup>rd</sup> to 25 <sup>th</sup>            |
| <b>Level 3* Fall Sessions:</b>   |   |
| <input type="checkbox"/> Toronto   | October 10 <sup>th</sup> to 11 <sup>th</sup>            |
| <input type="checkbox"/> Waterloo  | October 15 <sup>th</sup> to 16 <sup>th</sup>            |
| <input type="checkbox"/> Ottawa  | October 17 <sup>th</sup> to 18 <sup>th</sup>            |
| <input type="checkbox"/> Vancouver   | October 29 <sup>th</sup> to 30 <sup>th</sup>            |
| <input type="checkbox"/> Montreal  | November 1 <sup>st</sup> to 2 <sup>nd</sup> (French)    |
| <input type="checkbox"/> Quebec City   | November 5 <sup>th</sup> to 6 <sup>th</sup> (French)    |
| <b>*Level 3 requirements:</b>  |   |
| <ul style="list-style-type: none"> <li>• CLU designation</li> </ul>  |   |
| -or-   |   |
| Advisors <i>without</i> the CLU designation may challenge this requirement by:   |   |
| <ul style="list-style-type: none"> <li>• Completion of a case study provided by DIAL, outlining their insurance process, and</li> <li>• Approval from the DIAL Business Development Team or Resource Centre</li> </ul> |   |

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### Current Insurance Business Information

To help you recognize the development and success of your insurance business as you complete the Certified Insurance Practitioner Program, please answer the following questions.

A brief follow-up questionnaire will be forwarded six months after each completed level.

**Please answer all questions to the best of your knowledge.**

Please indicate the percentage of clients you discuss insurance needs with:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 0% - 15%  | <input type="checkbox"/> 15% - 35% |
| <input type="checkbox"/> 35% - 55% | <input type="checkbox"/> 55% - 75% |
| <input type="checkbox"/> 75% - 95% | <input type="checkbox"/> 95% +     |

Please indicate the percentage of clients that have (what you consider) adequate insurance coverage:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 0% - 15%  | <input type="checkbox"/> 15% - 35% |
| <input type="checkbox"/> 35% - 55% | <input type="checkbox"/> 55% - 75% |
| <input type="checkbox"/> 75% - 95% | <input type="checkbox"/> 95% +     |

What type of insurance solutions do you sell?

- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Term | <input type="checkbox"/> UL           |
| <input type="checkbox"/> CI   | <input type="checkbox"/> DI           |
| <input type="checkbox"/> LTC  | <input type="checkbox"/> Other: _____ |

Please indicate your approximate best year for First Year Commissions:

- |   |  |
|---|--|
| <input type="checkbox"/> \$0 - \$10,000       | <input type="checkbox"/> \$10,001 - \$20,000 |
| <input type="checkbox"/> \$20,001 - \$40,000  | <input type="checkbox"/> \$40,001 - \$70,000 |
| <input type="checkbox"/> \$70,001 - \$100,000 | <input type="checkbox"/> \$100,001 +         |

Please indicate your approximate overall 2006 insurance business:

- |   |  |
|---|--|
| <input type="checkbox"/> \$0 - \$10,000       | <input type="checkbox"/> \$10,001 - \$20,000 |
| <input type="checkbox"/> \$20,001 - \$40,000  | <input type="checkbox"/> \$40,001 - \$70,000 |
| <input type="checkbox"/> \$70,001 - \$100,000 | <input type="checkbox"/> \$100,001 +         |

### Current Insurance Business Information Cont.

Please indicate what percentage of your overall commission revenue is generated by insurance business:  
\_\_\_\_\_ %

### Travel and Lodging

Participants are responsible for their own travel and lodging. Pertinent details will be included with your registration confirmation email. Please note these costs are BDA-eligible for those who qualified for the 2007 BDA Program.

### Questions and Comments

Additional information is available on MAST – please follow the path below:

Log into MAST and go to *Your Business > Learning Centre*

Please forward all questions, comments and feedback to:

English - Laura Franklin, Project Manager  
[lfranklin@dundeewealth.com](mailto:lfranklin@dundeewealth.com) -or- 647-428-8260

French – Nicole Trudel, RVP  
[ntrudel@dundeewealth.com](mailto:ntrudel@dundeewealth.com) -or- 418-623-4330 ext. 2382

### To Register

Please fax the completed form to 647-428-6505.  
All registrations will be confirmed via email.

### Important Information

Recognizing event and materials costs, cancellations received less than 2 weeks prior to the event will result in a \$100 penalty.