

NATIONAL ASSOCIATION OF PROFESSIONAL INSURANCE AGENTS
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1. WHAT IS YOUR PRIMARY BUSINESS CATEGORY?* (check one)

AGENTS, BROKERS AND LIFE GENERAL AGENTS/MANAGERS

- 01 Primarily selling Property/Casualty Insurance
- 02 Primarily selling Life/Health Insurance
- 03 Life General Agents and Managers

INSURANCE COMPANY PERSONNEL

A. Primarily Life Insurance

- 04 Home Office Personnel
- 05 Regional and Branch office personnel

B. Primarily Property/Casualty Insurance

- 06 Home Office Personnel
- 07 Regional and Branch office personnel

CORPORATE INSURANCE RISK MANAGERS AND BUYERS OF INSURANCE

- 08 Property/Casualty Insurance
- 09 Employee Benefit Plan
- 10 Both Property/Casualty Insurance and Employee Benefit Plan
- 11 OTHER, PLEASE SPECIFY _____

2. WHAT IS YOUR TITLE? (check one)

- AA. CORPORATE AND FINANCIAL MANAGEMENT**
Chairman, CEO, President, Principal, Partner, Owner, Vice President, Treasurer, Corporate Secretary, Director or Managers of Finance, Controller, or Budget Director
- BB. SUPERVISORY MANAGEMENT**
Manager, General Manager, Supervisor, or Department Head
- CC. MARKETING/SALES**
Director or Manager of Advertising, Communications, Marketing Promotion, Agents, Brokers, Producers, Underwriter, or Sales
- DD. OTHER TITLE** (Please Specify) _____

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