



# FLOOD INSURANCE ESSENTIALS



A seminar designed for MT Insurance Agents and Lenders

*Professional Insurance Agents, in conjunction with the National Flood Insurance Program (NFIP), is providing a **FLOOD INSURANCE SEMINAR** at five locations in Montana. **3.0 Hours** of CE credit has been applied for MT Insurance licensees.*

**SONJA WOOD**, Senior Territory Training Manager for H2O Partners of Austin, Texas, will lead this seminar. This is a flood seminar specifically designed for Insurance Professionals and Lenders that want to learn more about the National Flood Insurance Program. The information provided will be valuable to those that have worked with flood insurance for years as well as those that are new to flood insurance. Topics and issues to be addressed include: resources and references available, community participation, flood zones and maps, types of policies, what makes a flood a flood, what is and is not covered in a basement, and elevation certificates. Also explained will be claims procedures, including RC vs ACV; rating a policy; pre-FIRM vs Post-FIRM; waiting periods; the Preferred Risk Policy (PRP); increased cost of compliance (ICC); exclusions; grandfather rules; and recent changes in the program.

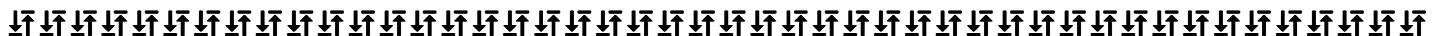
Sessions will be held in five locations as follows:

<b>LIVINGSTON</b>	<b>Monday, July 19</b>	<b>Best Western Yellowstone Inn</b>
<b>HELENA</b>	<b>Tuesday, July 20</b>	<b>Helena College of Technology</b>
<b>MISSOULA</b>	<b>Wednesday, July 21</b>	<b>Grant Creek Inn [this is a change]</b>
<b>KALISPELL</b>	<b>Thursday, July 22</b>	<b>Torrent Technologies</b>
<b>GREAT FALLS</b>	<b>Friday, July 23</b>	<b>Hilton Garden Inn</b>

**AGENDA:** 8:30 – 9:00 am: Registration/Check-in      9:00 am – Noon: Seminar

**COST:** \$45 per agent attendee, \$30 for lenders (No CE)

**To Register:** Send the Registration Form below with your payment to:  
**PIAND – 1211 Memorial Hwy, Ste.6 – Bismarck ND 58504**  
Or Fax to (701) 223-9456 and pay at the door



## FLOOD INSURANCE ESSENTIALS SEMINAR

Name: \_\_\_\_\_ Lic.#: \_\_\_\_\_

Name: \_\_\_\_\_ Lic.#: \_\_\_\_\_

Company: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

AMT ENCLOSED: \_\_\_\_\_

LOCATION: \_\_\_\_\_