

## 2011 Robert C. Seipp Service Award

*Please complete and submit this nomination form along with any letters of recommendation*

1. Nominee's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. History of nominee's employment: \_\_\_\_\_

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3. Education (industry and other) and professional designations: \_\_\_\_\_

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4. Awards and other recognitions: \_\_\_\_\_

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5. Participation in MAFMIC and MAFMIC activities (including offices held, committee activity, etc):

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6. Participation in NAMIC and NAMIC activities: \_\_\_\_\_

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7. How has the nominee served and enhanced the mutual insurance industry in Minnesota? Why is the nominee deserving of this Award? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

8. Person Making Nomination: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nominations must be received in the MAFMIC Office by **Friday, October 29, 2010:**

MAFMIC  
P.O. Box 880  
St. Joseph, MN 56374  
FAX (320) 271-0912