

2025 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: _____

3. Education (industry and other) and professional designations: _____

4. Awards and other recognitions: _____

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

6. Participation in NAMIC and NAMIC activities: _____

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

8. Person Making Nomination: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ E-Mail: _____

Nominations must be received in the MAFMIC Office by **October 31, 2024**.

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