

2016 Best Practices Agency Nomination Form Self Nomination

We believe our agency has and exhibits the qualities of a Best Practices Agency. We would like to be nominated to participate in the study:

Agency Name):
Address:	
City:	
State:	Zip:
Agency Princ	ipal/Key Contact Name:
Agency Princi	ipal/Key Contact Title:
Agency Princ	ipal/Key Contact Phone #:
Agency Princ	ipal/Key Contact Email Address:
Agency Revei	nue Category:
0000	< \$1.25M \$1.25 -\$2.5M \$2.5M - \$5M \$5M - \$10M \$10M - \$25M >\$25M
You may con community.	ntact one of the following to verify our good standing in the agency
State Associa	tion:
Contact Perso	on:
Phone:	
Insurance Ca	rrier:
	on:
Phone:	

Return the form to the attention of Michelle Appelbaum or Susan Hughes at Reagan Consulting One Piedmont Center, Suite 500, Atlanta, GA 30305

Fax: 404-237-5996 Email: Michelle@reaganconsulting.com or SHughes@reaganconsulting.com