

# 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 Principal/Key Contact Name:**

**Agency Principal/Key Contact Title:**

**Agency Principal/Key Contact Phone #:**

**Agency Principal/Key Contact Email Address:**

**Agency Revenue Category:**

- ☐ < \$1.25M
- ☐ \$1.25 - \$2.5M
- ☐ \$2.5M - \$5M
- ☐ \$5M - \$10M
- ☐ \$10M - \$25M
- ☐ >\$25M

**You may contact one of the following to verify our good standing in the agency community.**

**State Association:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_