



## **REQUEST FOR INSURANCE CLASSES**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C)

PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

INSURANCE QUALIFICATION(S) \_\_\_\_\_

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I am interested in signing up for the following class(es):

- |                              |                              |                                      |
|------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> IF1 | <input type="checkbox"/> P05 | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> IF3 | <input type="checkbox"/> 510 | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> P92 | <input type="checkbox"/> 820 | <input type="checkbox"/> other _____ |
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Please return completed form to: Yvette Ingraham  
c/o J. S. Johnson & Company, Ltd.  
34 Collins Avenue