

Commercial Lines ... Separating Fact From Fiction

Dates and Locations:

November 29, 2005	Prestonsburg	Holiday Inn, 1887 N. US Highway 23
November 30, 2005	Lexington	The Springs Inn, 2020 Harrodsburg Road
December 1, 2005	Louisville	Executive Inn (East), 978 Phillips Lane (I-264, Exit 11)
December 2, 2005	Central City	Career Advancement Center, 50 Career Way (Just off 189 Bypass)

Seminar Highlights:

- ① Understanding the request for or overcoming the resistance to adding additional insureds to liability policies. What is the difference in protection for a Named Insured and an Additional Insured?
- ② Care, Custody and Control type exclusions in the Commercial General Liability (CGL) and Business Auto Policy (BAP). What losses are actually excluded and can these exposures be insured?
- ③ How do the CGL exclusions for damage to work and products, impaired property and products recall affect a client's coverage? When does a client need discontinued products and operations insurance?
- ④ What auto related losses are and are NOT excluded in the CGL? When does coverage begin and end for the loading and unloading exposure? What mobile equipment and autos have shared coverage?
- ⑤ What is the difference in Hired and Non-Owned Auto coverage in the BAP? How does it interact with Personal Auto coverage carried by an employee or volunteer. What endorsements are needed?
- ⑥ What are the requirements for Replacement Cost coverage? Does the insured have to replace the damaged property for the same use and at the same location? How does it differ from ACV?
- ⑦ Analyze significant differences in the provisions for Business Income and Extra Expense coverage compared to other property forms. What steps are required to prove the amount of covered loss?
- ⑧ Waivers of subrogation and other insurance conditions - how do they create possible gaps and overlaps and otherwise affect property and liability coverage?

Instructor:



Keith Wilts, CPCU, CIC, President of Professional Training Associates (PTA). Keith conducts over 150 seminars annually and has over 27 years of experience involving production and consulting activities on both personal and commercial accounts. Mr. Wilts holds the Chartered Property & Casualty Underwriters (CPCU) and the Certified Insurance Counselor (CIC) designations, and a degree in Business Management and Economics.

Seminar Times, Fee & Continuing Education Credit:

Times: 8:00 a.m. - 5:00 p.m. Registration begins at 7:30 a.m.

Registration Fee: \$65.00 - Includes all training materials and coffee breaks.

Continuing Education Credit: **8 hours** of Kentucky P&C credit and Indiana agent credit.



**Professional
Training
Associates, Inc.**

4004 Briar Ridge Rd., LaGrange, KY 40031-9636
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Web Site: www.ProfessionalTrainingAssociates.com

Commercial Lines ... Separating Fact From Fiction Registration Form

Attendee Information: Agent CE Required: Kentucky Indiana

Full Name: _____ Social Security No: _____ - _____ - _____

Agency/Company Name: _____

Phone: () _____ Fax: () _____ E-mail: _____

Agency/Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Cancellation/Refund Policy: A written request for a one-time transfer of the full registration fee to another scheduled seminar or a refund less a \$20.00 cancellation fee must be made prior to the end of the seminar for which the individual was registered. A transfer or refund will not be given after the seminar. Substitutions are welcome.

Attendee Signature: _____ Date: _____ Seminar Official: *Shirley Wilts*

Please register me for the following seminar: **Times: 8 a.m. - 5 p.m.**

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- November 30 Lexington The Springs Inn, 2020 Harrodsburg Road
- December 1 Louisville Executive Inn (East), 978 Phillips Lane (I-264, Exit 11)
- December 2 Central City Career Advancement Center, 50 Career Way

Registration Fee:

\$65.00. Fee includes all training materials and coffee breaks.

Method of Payment:

Enclosed is my check for \$ _____ made payable to: Professional Training Associates, Inc.

Please charge \$ _____ to my: MasterCard Visa

Credit Card No.: _____ - _____ - _____ - _____ Expiration Date: _____

Name on Card: _____ Signature: _____



In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far as possible in advance of the program you wish to attend.

Please make a copy of the completed form for your records; no confirmation will be sent.

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