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| O:\Common\Pictures\NAIFA-FL Logo\Logo -- New for 2016\NAIFA-Florida -- black.png | National Association of Insurance and  Financial Advisors – Florida |
| Top 4 Advisors Under 40  Recognizing NAIFA – Florida’s Top 4 Advisors Under 40 |
| As the premier professional association in Florida for insurance and financial advisors, NAIFA-Florida each year is proud to recognize the success of young advisors in our industry.  This award recognizes excellence and achievement in the Insurance and Financial Services field by measuring business production, longevity in the business, professional association involvement and community involvement for professionals 40 years of age and younger. Candidates will consist of insurance and financial professionals throughout the state of Florida, and final recipients will be chosen by a panel of NAIFA-Florida Board of Directors members. The award will be based on an advisor’s 2019 commissions, NAIFA involvement, community involvement, and volunteer efforts in other organizations.  For individual advisors, this program presents an opportunity to be recognized for their efforts. If you are a manager, or otherwise oversee advisors, this program provides a recognition opportunity to motivate other young producers to reach their maximum performance potential!  ***If a recommended candidate is selected they will be recognized as one of Florida’s Top 4 Advisors Under 40 on the NAIFA-Florida website, as well as recognition during the virtual Awards Ceremony to be held in the fall of 2020.***  To be considered, candidates will to submit need the following:  - Completed application (see below)  - Signed Agreement (see below)  - Other, supporting documentation (optional)  - Digital copy of a high-resolution headshot photo (.jpg format) (May be sent separately if necessary)  [Please note the candidate must be an active NAIFA-Florida member on or before September 1, 2020]  Deadline for submissions is **Friday, October 2, 2020.** Please send:   1. E-mail to: NAIFA-Florida CEO Tom Ashley: [tom.ashley@naifa-florida.org](mailto:tom.ashley@naifa-florida.org)   **OR**   1. Mail to: NAIFA-Florida, c/o Tom Ashley, PO Box 14365, Tallahassee, FL 32317   Thank you and best of luck as one of Florida’s top young insurance and financial advisors!  Sincerely,  Joe Chalom, CLU, RICP, LUTCF, LACP  President, NAIFA-Florida (2020) |

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| Top 4 Advisors Under 40  Recognizing NAIFA – Florida’s Top 4 Advisors Under 40 | | | | | |
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| Name: | | | | Date of Birth: | |
| Address: | | | | | |
| City: | | | State: | | Zip: |
| Cell Phone: | E-mail: | | | | |
| Years in Business: | | 2019 Business Revenue: | | | |
| Area(s) of Specialization: | | | | | |
| Currently an IFAPAC Contributor (circle):  Yes No | | Name of NAIFA Local Chapter/or At-Large? | | | |
| Other Professional Organizations the Candidate Belongs To:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Community Involvement:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| Top 4 Advisors Under 40  Recognizing NAIFA – Florida’s Top 4 Advisors Under 40 | | | | | |
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| **Agreement**  **Applicant, Please Read and Sign Below:**  By signing this agreement I am attesting that the information reported in this awards application, in particular the commission amount, is both true and accurate. I also understand that NAIFA-Florida may request records to verify any information at any point during the application process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Printed Name  **Agency Manager, Accountant or Bookkeeper, Please Read and Sign Below:**  By signing this agreement I am indicating that the information reported in this awards application, in particular the commission amount, is, to the best of my knowledge, both true and accurate. I also understand that NAIFA-Florida may request records to verify any information at any point during the application process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name  Please Return the Completed Application, Agreement,  and any (optional) Supporting Material by **Friday, October 2, 2020** to:  O:\Common\Pictures\NAIFA-FL Logo\Logo -- New for 2016\NAIFA-Florida -- black.png  [tom.ashley@naifa-florida.org](mailto:tom.ashley@naifa-florida.org)  or, NAIFA-Florida, c/o Tom Ashley, PO Box 14365, Tallahassee, FL 32317  Phone: (850) 422-1701 | | | | | |