

# The Messenger



September 2010 Volume 61 Issue 16

## Inside this issue:

President's Message  
Page 1

Installation of  
Officer Dinner  
Page 2 - 4

Birthdays  
Page 5

Who's Who  
Page 6

DAIP Membership  
Application  
Page 7

FIWT Membership  
Application  
Page 8

## President's Message

I would like to invite you all to attend the 61<sup>st</sup> Installation of Officers of the Dallas Association of Insurance Professionals to be held next Thursday, September 9, 2010 at the DoubleTree Hotel. Please look for the invitation in the newsletter.

I would like to thank the Dallas Association for a wonderful year and for all the support you have given me during my tenure. We have accomplished a lot and still have some work to do. We have helped a lot of people and organizations, not only with donations but with our time.

We have had success in our membership parties and bowling tournaments. We have re-vamped our scholarship program and awarded a lot of scholarships to deserving individuals. We have revised the by-laws and procedures manuals to fit the new calendar year. Not to mention the addition of a projector and screen so we may conduct meetings more efficiently. Our website has had a complete makeover and we are now on Facebook!

Your Board has had a very busy and very productive year for your Dallas Association of Insurance Professionals. Please take the time to say thank you to them all, because without them all, this would not have been a successful year.

Remember, You Make the Difference!

Respectfully Submitted,

Linda Anderson CISR

President 2009-2010

*"Groovy"*

Please join us for the

58<sup>th</sup> Annual Installation of Officers

Of the

Dallas Association of Insurance Professionals

Thursday, September 9, 2010

Doubletree Hotel

4099 Valley View Lane

Dallas, Texas 75244

Cocktails 5:45 p.m.

Dinner 6:30 p.m.

Cost \$35.00 per Person

Business or After-Five Attire

Please R.S.V.P. by September 6th to

Stephenie Mouzone

Email [smouzone@afco.com](mailto:smouzone@afco.com) or

[amacik@phlyins.com](mailto:amacik@phlyins.com)

Cash Bar All Evening

**DALLAS ASSOCIATION OF INSURANCE  
PROFESSIONALS**

INSTALLATION OF OFFICERS

DOUBLETREE HOTEL  
4099 VALLEY VIEW LN  
DALLAS TX 75244

DATE: 09/09/2010

**SPONSOR OF THE YEAR**

**Nominee:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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**Reason for Nomination:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please complete the form and email it to: [amacik@phlyins.com](mailto:amacik@phlyins.com)

Deadline: 09/02/2010

Thanks.

# DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS "INSURANCE PROFESSIONAL OF THE YEAR" NOMINATION FORM

A presentation will be made at the annual May Installation Banquet to honor one of our members as the 2010 "Insurance Professional of the Year." This award is given to someone that truly exemplifies our association and its membership. Careful consideration should be given to the nomination with the following guidelines:

1. Real interest in DAIP exemplified by active participation in DAIP and FIWT.
2. Displays leadership ability through service as Officer or Committee Chairperson of DAIP.
3. Integrity.
4. Distinction in his or her field.
5. Professional poise, appearance, and demeanor.
6. Continuing Education (such as CIC, CISR, ACSR, and/or IIA courses or also the instruction of such courses along with association sponsored classes).
7. DAIP membership of not less than one year.
8. Employment in the Insurance Industry for not less than three years.

Please review the requirements carefully before submitting your nomination. Include as much information as possible for the judges' consideration. Please attach a separate sheet if additional space is needed.

.....

I nominate for *Insurance Professional of the Year*: \_\_\_\_\_

Nominee's place of employment: \_\_\_\_\_

Reason for nomination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

2010 NOMINATIONS MUST BE RECEIVED NO LATER THAN  
September 2, 2010

Return nomination form to:

Alice Macik [amacik@phlyins.com](mailto:amacik@phlyins.com)

# September Birthdays

**Simon Bancroft 9/3**  
**Kendra Cagle 9/5**  
**Linda Tate 9/6**  
**Kim Angell 9/11**  
**Kim Wright 9/15**  
**Carol G. Kennedy 9/23**  
**Stephenie Mouzone 9/29**



# Do you know who's who at DAIP.....

2009 – 2010 Board Members & Committee Chairs			
President	Linda Anderson, CISR	Education	Tabitha Richardson, ACSR, WCS
President Elect	Shanna Sutton, CISR	Long Range Planning	Alice Macik
Vice President	Tabitha Richardson, ACSR, WCS	Membership	Shanna Sutton, CISR
Treasurer	Carolyn Owen, ACSR	Newsletter	Denise Chavez
Corresponding Secretary	Stephanie Mouzone	Programs	Melanie Shannon
Recording Secretary	Kristina Dixon, CIC	Public Relations	Stephanie Mouzone
Director	Jenny Blackwood	Ways & Means-Special	Mary Donlon
Director	Mary Donlon	Ways & Means-Monthly	Crystal Santana
Director	Jan Savage, CIC, ACSR	Convention Liaison	Jan Savage
Director & Immediate Past President	Alice Macik	Holiday Party	Christy Salazar
Parliamentarian	Toni Campbell, ACSR	Installation	Alice Macik
Audit	Melanie Shannon, Dual ACSR	Officers Training	Jenny Blackwood, Mary Donlon, Jan Savage, CIC, ACSR, Alice Macik
Budget & Finance	Carolyn Owen, ACSR	Permanent Records	Kristina Dixon, CIC
Bylaws	Catherine Butschek, CIC	Sunshine	Kendra Cagle
Communication	Stephanie Mouzone	Community Service	Crystal Santana

## Membership Renewals & New Memberships are underway!!

### Annual Dues:

**\$80.00 (Employed Members)**

**\$65.00 (Retired Members)**

**RETURN TO:** DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS  
C/O MEMBERSHIP CHAIRPERSON  
P.O. BOX 742044  
DALLAS, TX 75374

**A membership form for both DAIP and FIWT are included with this newsletter, for your convenience.**



**Reminder!**

**DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS**

**MEMBERSHIP APPLICATION**

NEW MEMBER     ACTIVE     ASSOCIATE    DAIP USE:  
 RENEWAL     RETIRED     HONORARY    DATE REC: \_\_\_\_\_ 1ST Visit: \_\_\_\_\_  
CHECK#: \_\_\_\_\_ DATE APPR. \_\_\_\_\_

NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ BUSINESS#: \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE SPECIFY PREFERRED MAILING ADDRESS:**

HOME     BUSINESS

POSITION: \_\_\_\_\_

YEAR JOINED DAIP: \_\_\_\_\_ LICENSE(S): \_\_\_\_\_

YEARS IN INS.: \_\_\_\_\_ DESIGNATION(S): \_\_\_\_\_

D.O.B.: \_\_\_\_\_ YEAR(S) FIWT MEMBER: \_\_\_\_\_

**NEW MEMBERS MUST BE ENDORSED BY TWO ACTIVE MEMBERS:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

**THE FOLLOWING IS A LIST OF DAIP COMMITTEES. PLEASE INDICATE ANY COMMITTEE(S) YOU MIGHT BE INTERESTED IN:**

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> AUDIT      | <input type="checkbox"/> LONG RANGE PLANNING    | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> HOLIDAY PARTY          | <input type="checkbox"/> SAFETY           |
| <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> COMMUNITY SERVICE      | <input type="checkbox"/> SUNSHINE         |
| <input type="checkbox"/> EDUCATION  | <input type="checkbox"/> OFFICER TRAINING       | <input type="checkbox"/> COMMUNICATIONS   |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> CONST. & BYLAWS        |   |
| <input type="checkbox"/> PROGRAM    | <input type="checkbox"/> PARLIMENTARY PROCEDURE |   |

**ANNUAL DUES:**    DUE BY JULY 1    DELINQUENT AFTER SEPT 1  
\$80.00 EMPLOYED MEMBERS    \$65.00 RETIRED MEMBERS

**NEW MEMBERS ONLY (OR ANY UPDATES TO PREVIOUS APPLICATIONS):**

SPOUSE: \_\_\_\_\_ CHILDREN/AGES: \_\_\_\_\_

HOBBIES: \_\_\_\_\_

**RETURN TO:** DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS  
C/O MEMBERSHIP CHAIRPERSON  
P.O. BOX 742044  
DALLAS, TX 75374

**Don't forget to complete the FIWT Application**

Please also complete the FIWT Membership Application and mail in with your DAIP application.

# FEDERATION OF INSURANCE WOMEN OF TEXAS, INC.

## MEMBERSHIP APPLICATION

Return To:  
[ ] Local Membership Chairperson to be Forwarded to FIWT

Dues Fees:  
[ ] Included in Local Dues

### MEMBER INFORMATION

Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Employer: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Joining As: [ ] Member-at-Large or [ ] Member of Local Assn \_\_\_\_\_  
Name of Association

### MEMBER PROFILE

1) Number of years employed in the insurance industry.

\_\_\_ 0-5 \_\_\_ 6-10 \_\_\_ 11-15 \_\_\_ 16-20 \_\_\_ 21-25 \_\_\_ 26-30 \_\_\_ 30+ \_\_\_ 40+ \_\_\_ 50+

2) Job function (please check **ONE** which most closely applies):

\_\_\_ CSR/Services \_\_\_ Producer \_\_\_ Agency Owner \_\_\_ Risk Management  
\_\_\_ Adjuster \_\_\_ Claims \_\_\_ Accounting \_\_\_ Marketing  
\_\_\_ Underwriting \_\_\_ Clerical \_\_\_ Premium Fin. \_\_\_ Other

3) Employer (please check **ONE** which most closely applies):

\_\_\_ Insurance Agency \_\_\_ Adjusting Firm \_\_\_ Trade Association  
\_\_\_ Insurance Company \_\_\_ Managing GA \_\_\_ Retired  
\_\_\_ Premium Finance \_\_\_ Other \_\_\_\_\_

4) Type of Business (please check **ALL** that apply):

\_\_\_ P/C \_\_\_ Life/Accident/Health \_\_\_ Finance \_\_\_ Other

5) Type of insurance license you currently hold (please check **ALL** that apply):

\_\_\_ Local Recording Agent \_\_\_ Group I \_\_\_ Group II \_\_\_ Solicitor  
\_\_\_ Insurance Service Rep \_\_\_ Risk Manager \_\_\_ Adjuster (type) \_\_\_\_\_

6) Professional Designations (please check **ALL** that apply):

\_\_\_ PIWT \_\_\_ ACSR \_\_\_ Dual ACSR \_\_\_ CISR \_\_\_ CIC  
\_\_\_ AAI \_\_\_ AU \_\_\_ Other \_\_\_\_\_

7) What year did you join FIWT? \_\_\_\_\_

Attached to the Membership Application for the Dallas Association of Insurance Professionals