



**INSURANCETRAININGSCHOOL**

# ENROLLMENT FORM

Please submit electronically via email to: [info@learninsurancelive.com](mailto:info@learninsurancelive.com).

If you would rather submit it by traditional mail, please send it to the address at the bottom of the page.

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

*Please use your legal name as it appears on your Driver's License.*

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

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

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

## PLEASE CHOOSE FROM THE FOLLOWING CLASS OPTIONS:

### Property & Casualty:

MARCH 3 - 6

MARCH 31 - APR. 3

APRIL 28 - MAY 1

JUNE 2 - 5

### Life:

MARCH 24 - 25

APRIL 14 - 15

MAY 12 - 13

JUNE 16 - 17

### Health:

MARCH 26 - 27

APRIL 16 - 17

MAY 14 - 15

JUNE 18 - 19