



Matching Training Incentive Program Application

Member Name: _____

Member Contact: _____

Member Contact Title: _____

Member Address: _____

Contact Phone#: (_____) _____ - _____ Contact Email: _____

The Preferred TIPS program is a reimbursement program with matching training/safety incentives that can be applied for by any current member of Preferred. Each entity is eligible to apply for a matching incentive of up to \$5,000 per coverage year. The applications will be accepted until the end of each quarter and then evaluated and recipients notified by the end of the month following the quarter. Examples of eligible reimbursements include: personal protective equipment, safety related signs, ADA compliance measures, police accreditation program fees, driver training, law enforcement simulator training, ergonomic training, sidewalk repairs, continuing education classes, lifeguard training and most any safety related training or equipment. The committee will determine the relevance of the training/safety purchase against the lines of coverage purchased by the member. The committee will also consider the information provided in the application. We ask that you provide a clear description of the impact the purchase has on the citizens or employees of the entity. Your loss control representative can assist with questions related to this program.

Matching dollar amount being applied for by member applicant (maximum of \$5,000):

Please describe in detail how the matching funds are to be used. Please include the value of the training/safety measures and who or what has been positively impacted by the implementation of the training/purchase:

Documentation of the purchase must be attached. For the privacy of your employees please do not include any credit card account numbers or individual social security numbers. Please provide a description of attachments:

Date application submitted: ____ / ____ / ____

If other than the contact shown on page one please list the name and title of the person submitting this application.

Name of person submitting: _____

Title of person submitting: _____

Please submit completed applications and documentation of purchase to:

E-mail – PreferredTIPS@publicrisk.com

Mail: Preferred TIPS, Attention: Mike Stephens, P O Box 958455, Lake Mary, FL 32795-8455

This Section for Preferred Use Only: Date Received by Preferred / / Date Submitted to Preferred TIPS Committee / /

Coverage with Preferred: Property GL AL LEL POL/EPLI ELL/EPLI Excess WC 1st \$ WC