

**Omaha Association of Health Underwriters
Nominee for Underwriter of the Year Award**

Member's Name _____

Details of Accomplishments _____

Informational Profile

1. Years in the Insurance Industry _____

2. Is he/she an active OAHU member Yes _____ No _____

3. Credentials. List earned designations, special education etc. _____

4. Past positions held in State, Local or other organizations.

5. Outline of State and/or Local Association accomplishments.

Signature _____

**Return Form To Kim Newman
207 S 122nd St
Omaha, NE 68114**