



**IT'S OUR BUSINESS
TO PROTECT YOURS**

LEARN

to help prevent the losses chipping away at your bottom line.



**Federated Insurance is presenting
a seminar you won't want to miss.**

KEY AGENDA ITEMS:

Risk Management Culture

Industry Loss Analysis

Managing Your Drivers

- Alcohol Impaired Driving
- Distracted Driving
- Employer/Employee Liability
- MVR Services
- Employee Training/Resources
- In-Cab Technology (Lytx, SmartDrive, Sentinel)

Managing Your Workers Compensation Risk

- WC Experience Mod
- WC Split Point/Deductibles
- Prompt Claims Reporting
- Return to Work/Modified Duty
- Provider Network Utilization
- Drug and Alcohol Free Workplace

WHO SHOULD ATTEND?

- Owners
- HR Managers
- Designated Risk Managers

CONNECT

with industry peers facing similar challenges and insurance professionals committed to helping your business thrive.

APPLY

what you've learned to make a tangible difference at your business.



"It's Our Business to Protect Yours® is not just a slogan at Federated Insurance; it is ingrained in everything we do! Total-needs risk management is at the heart of our business. We strive to promote the development of our employees, clients, and affinity partners in all aspects of risk management and professional development."

Presenter Scott Gibson – Regional Risk Manager
Federated Insurance

REGISTER TODAY

Wednesday, September 18, 2019 9:00 a.m. to 3:00 p.m.
DoubleTree by Hilton South Bend
123 N. Dr. Martin Luther King Jr. Blvd. | South Bend, IN 46601

Cost: **FREE**

Registration Deadline: **Monday, August 19, 2019**

For questions, contact Shelli Beron
at 507-455-5315 | maberon@fedins.com



2019 Risk Management Academy



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123 N. Dr. Martin Luther King Jr. Blvd.
South Bend, IN 46601

To register, complete form and return.

Email: drm@fedins.com

Mail : Attn: Shelli Beron
Federated Insurance
121 East Park Square
Owatonna, MN 55060

By Fax: 507-446-4619

By phone: 507-455-5315

2019 Risk Management Academy

Registrant 1:

Name _____ Title _____
Business Name _____
Address _____
City/State/Zip _____
Email _____ Phone _____

Registrant 2:

Name _____ Title _____
Business Name _____
Address _____
City/State/Zip _____
Email _____ Phone _____



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