



## LEARN HOW TO **SET YOUR DIAL ON LOW**



**Federated Insurance is presenting a seminar you do not want to miss!**

### **KEY AGENDA ITEMS:**

- *Silica: An OSHA perspective – Presented by Mike Seliga, Industrial Hygienist, MN OSHA Consultation*
- *Understanding Work Comp and Managed Care Options*
- *Risk Management Culture*
- *Contractor Industry Loss Analysis*
- *Risk Managing Your Drivers*

### **WHO SHOULD ATTEND?**

- *Owners*
- *HR Managers*
- *Designated Risk Managers*



## **LEARN**

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

## **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 this protection and I strive to further the development of our employees, clients, and affinity partners in all aspects of risk management and professional development."

**Presenter Laramie Sandquist** – *General Manager  
Risk Management Resources*

## **REGISTER TODAY**

Thursday, February 22, 2018 10:00 a.m. – 2:00 p.m.

Federated Insurance  
7700 France Ave S. – Edina, MN 55435

*(South elevators to floor 1 in the training center)*

**Cost: \$10 per person**

**Preferred Registration Deadline: February 10, 2018**

For questions, contact Royetta Spurgeon  
at 800-533-0472 ext. 455 5604 | [drm@fedins.com](mailto:drm@fedins.com)



# 2017 Risk Management Academy

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10:00am – 2:00pm



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To Register complete form below and return:

**Email:** [drm@fedins.com](mailto:drm@fedins.com)

**Mail:** Attention: Royetta Spurgeon  
Federated Insurance  
121 East Park Square  
Owatonna, MN 55060  
**Fax:** 507-455-7840

To register by phone:  
(507) 455-5604

## 2017 Risk Management Academy

### Registrant 1:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

### Registrant 2:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVS Code \_\_\_\_\_  
(VISA, MasterCard, Discover, American Express accepted)

Name on Card \_\_\_\_\_  
Address for Credit Card \_\_\_\_\_  
Signature \_\_\_\_\_



Federated Mutual Insurance Company • Federated Service Insurance Company\*  
Federated Life Insurance Company

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