

W-05062

October 4, 2005

MEMORANDUM FOR: Write Your Own (WYO) Principal Coordinators and

NFIP Servicing Agent

FROM: WYO Clearinghouse

SUBJECT: Mississippi Post-Disaster Briefings

The NFIP Bureau & Statistical Agent has scheduled two free Post-Disaster Briefings for insurance agents in Mississippi. The times and locations follow:

October 12 - 10:00 a.m. to 12 noon Imperial Palace 850 Bayview Avenue Biloxi, Mississippi 39530 October 13 - 10:00 a.m. to 12 noon Imperial Palace 850 Bayview Avenue Biloxi, Mississippi 39530

If you have questions or need additional information, please contact Melanie Graham at mgraham7@csc.com.

cc: Vendors, IBHS, WYO Standards, FIPNC, WYO Marketing Committee, Covernment Technical Representative

Suggested Routing: Claims, Marketing, Underwriting

Post-Disaster Insurance Agent Briefing



Were your clients protected in the recent flooding? How can you assist in their recovery?

The NFIP Bureau and Statistical Agent will conduct Insurance Agent Briefings to address the local flooding issues resulting from Hurricanes Katrina and Rita in Mississippi. It is important that you and your staff attend this meeting to receive updated information so that you can better assist your clients.

BRIEFING OVERVIEW:

- NFIP Overview
- Disaster Updates
- Post-Disaster Insurance Requirements
- NEW Special Provision Changes
- Insurance Coverage Issues
- Increased Cost of Compliance
- Other related issues

LOCATIONS and TIMES

OCTOBER 12, 2005

Imperial Palace 850 Bayview Ave Biloxi, Mississippi 39530

OCTOBER 13, 2005

Imperial Palace 850 Bayview Ave Biloxi, Mississippi 39530 10:00 a.m. – 12:00 p.m.

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ADDITIONAL INFORMATION:

This briefing is **FREE**. Seating is limited; please arrive early. Please bring photo identification with you. THERE WILL BE **NO CONTINUING EDUCATION** FOR ATTENDEES. Agents register via fax at 301-918-1471, or online at www.peopleware.net/2590a.

FOR ADDITIONAL INFORMATION, please contact Melanie Graham at mgraham7@csc.com or grahamnfip@hotmail.com or by telephone at 732-859-4652.

Name:Address:			Agency or Company: City:	
Course Date:_				