



EMPLOYEE ROSTER UPDATE

INSURANCE

Step 1 Company Information

Business Name*

Address*

City*

State*

Zip*

Phone Number*

Fax Number*

Email*

Supervisor Name*

** REQUIRED*

Step 2 Employee Listing Update



Employees In Roles With Annual Training Requirements

**You may also submit a separate Excel spreadsheet to this form*

Role / Position <i>(Ex. Auto Physical Damage Appraiser)</i>	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Role Start Date <i>(Month/Year)</i>
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<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Transfer to: _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Transfer to: _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Transfer to: _____	
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<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Transfer to: _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Transfer to: _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Transfer to: _____	

Step 3 Training Manager Designation



The I-CAR® Training Manager Tool will allow you to effectively manage your employee’s training with a click of a button through a personal *myI-CAR* account of your choosing!

- ◆ Monitor the progression of your Gold Class® professional business designation as well as your employee’s Platinum Individual™ designation.
- ◆ Plan the appropriate training path for your employees with our new and improved Training Planner.
- ◆ Have immediate access to a 24/7 live feed of your employee’s training records.

Who Manages The I-CAR Training For Your Business?

Please indicate below who you would like to have granted access to the online Training Manager Tool.

Role / Position / Title <i>(Ex. Insurance Manager/Supervisor)</i>	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Role Start Date <i>(Month/Year)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Submitting Changes

Please submit all pages of this form to I-CAR by either:

FAX: 847.463.5416

OR

EMAIL: insurance@i-car.com