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 BACE BOARD

Jon Prouty
Commonwealth Mediation and Conciliation, Inc.
1145 West Chestnut Street
Brockton, MA 02301
jon@commonwealthmediation.com

Gregory Steen

The Vertex Companies

398 Libbey Industrial Parkway

Weymouth, MA 02189

781-952-6000

gsteen@vertexeng.com

Kimberly Borzino

Arbella Insurance

1100 Crown Colony Drive

Quincy, MA 02269

617-328-2653

Kimberly.borzino@arbella.com

Sean Carmody

Lumber Insurance Cos.

1661 Worcester Rd., Suite 300

508-872-8111

Framingham, MA 01701

scarmody@lumberins.com

Laura Whitten

Envista Forensics

5565 Glenridge Connector, Suite 900

Atlanta, GA 30342

857-305-1910

LauraWhitten@EnvistaForensics.com

# COUNSEL

Christopher D. George, Esq.

Melick & Porter, LLP

One Liberty Square, 7th Fl.

Boston, MA 02109

(617) 523-6200

cgeorge@melicklaw.com

## **Membership Form**

***2019 - 2020***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Telephone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email:

 Memberships:

FULL\_\_\_\_\_\_\_\_\_PARTNER\_\_\_\_\_\_\_

Full/Paid Membership for the 2019-2020 season is $400.00. Full Membership includes attendance for 2 people from your company/firm at our Fall and Spring claims conference. (golf outing not included) You may also bring additional company/firm members for an additional $50.00 person. Invited insurance company claims people from your company/firm can attend for free

As a Partner you are signifying that you work for an insurance company as either an adjuster, examiner, claims supervisor, manager or executive. You are entitled the claims conferences for FREE, and will be on our mailing list for future conferences and events

Please remit this form along with your check made payable to **Boston Association of Claims Executives** to:

CMCI

1145 W. Chestnut Street, second floor

Brockton, MA 02301

Attn: Jon Prouty

If you have any questions or concerns, please do not hesitate to contact us. Thank you for your support!