

Location: Sentry Insurance

1800 Northpoint Dr., Stevens Point

Date: March 14, 2012

Time: 8:00am-4:00 pm

*WI Chapter 25 International Association of Arson Investigators presents:*

# Fire Investigation For The Insurance Industry



[www.wiaai.com](http://www.wiaai.com)



**Wisconsin  
Chapter  
IAAI**

The WI IAAI is proud to present a course in fire investigation designed for the insurance adjustor, claim representative and claim supervisors. The following topics will be presented:

- NFPA 921/1033
- Investigative pitfalls
- Certifications: Are you hiring the right expert?
- Components of a quality investigation
- Good faith & effective claim handling of fire insurance claims
- Weighing the level of certainty in cause determination and beyond

The course will be instructed by IAAI President Rodney Pevytoe-CFI, WIIAAI 1st Vice President Mike Rindt-CFI and Attorney Bob Burrell-CPCU. Rodney retired from the WI Department of Justice after more than 30 years of service. Mike is a Special Agent with the WI Department of Justice/ Division of Criminal Investigation. Bob is the President of the law firm Borgelt, Powell, Peterson and Frauen.

#### Highlights

- ♦ Cost: \$25.00 (includes 1 year membership to the WIIAAI)
- ♦ Maximum number of attendees: 75

#### To register:

Please fill out the attached WIIAAI membership form and submit with registration fee to:

WIIAAI  
P.O. Box 389  
Sun Prairie, WI 53590

**WISCONSIN CHAPTER  
INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS, INC.**

**MEMBERSHIP APPLICATION  
Membership Fee: \$25.00**

Active (must be IAAI member) If ACTIVE give IAAI # _____  Associate (For Renewal Only) WIIAAI Member # _____		<b>Mail to:</b> WIIAAI PO Box 389 Sun Prairie, WI 53590  <b>Checks Payable to:</b> WI Chapter 25, IAAI	
<b>Fill in ALL AREAS and PRINT</b>			
Last Name	First Name	CFI	CFI#
Home Address		Home City	Home State & Zip Code
Contact Phone Number	Position (If Vol.: use Vol. Position)		
Business/Department (If Vol. Firefighter, use Vol. Fire Department's Name)			
Bus/Dept Address (If Vol. Use Vol. FD address)		Bus/Dept City (If Vol. Use Vol. FD City)	
Bus/Dept ST, Zip (If Vol. Use Vol. FD -ST, Zip)	County of Employment (If Vol. Use FD Dept county)	Work Phone with area code	
E-Mail Address:		Please send my WIIAAI mail/newsletter to:	
		Home Address	Work Address
Involvement in Fire Investigations			
Full Time		Part Time	
		Other _____	
Please Check Classification			
Fire		Police	
		Insurance	
		PI	
		Other _____	
<b>Have you ever been convicted of a Felony?</b> Yes      No			
<i>False information given on this renewal notice may be grounds for expulsion from the WI Chapter. By signing this renewal membership form, I give permission to WI Chapter, IAAI, Inc. to verify all information given above.</i>			
_____ <b>Your Signature</b>		_____ <b>Date</b>	
_____ <b>Member's Recommendation Signature &amp; WIIAAI #</b>		_____ <b>Date</b>	
		<b>Office Use Only</b>	