



Pohs Institute
1400 Old Country Rd. Suite C100
Westbury, NY 11590
Phone: 516-997-8360
Fax: 516-997-5446

Locations: NYC, Westchester, Westbury
Approved by the NY Dept. of Financial Services
Stan Gruverman, President
www.pohsinstitute.com

GENERAL INSURANCE (PROPERTY & CASUALTY) **2017 SCHEDULE**

TUITION - \$819 (INCLUDES TEXTBOOKS)

*****Minimum Deposit \$300.00*****

COURSE HIGHLIGHTS

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|--|---|
| <ul style="list-style-type: none">• Property Basics• Dwelling Policy• Homeowners Section I/ Section II• General Insurance• Liability Basics• Commercial Auto Coverage | <ul style="list-style-type: none">• Personal Auto Policy• Commercial General Liability Coverage• Business Owners Liability Coverage• Workers' Compensation Insurance• State Specific Insurance laws |
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COURSE PROCEDURES

TEXT BOOKS

Students ***are required*** to obtain the textbook ***prior to*** the beginning of class in order to complete a mandatory self-study assignment due on the first day of class. Students may arrange to pay a \$16 shipping & handling fee when registering for class ***or*** pick-up the textbook free of charge from the Westbury or NYC school locations. Textbooks are shipped via UPS Ground 2-Day.

Pohs Institute ***strongly recommends*** all students register at least seven (7) days prior to class in order to properly read, comprehend and complete the first self-study assignment.

SELF-STUDY ASSIGNMENTS

The first self-study assignment is due on the first day of class. The required assignment, along with instructions, will be included with the textbook.



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2017 SCHEDULE

<i>Westbury, L.I. location: 1400 Old Country Road, Westbury, NY 11590</i>		
Start Date	Days of Week/Schedule	End Date (Final exam)
May 15	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	June 5
May 16	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	July 25
June 26	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	July 18
Aug 14	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	September 1
Sept 5	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	November 9
Oct 2	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	October 20
Nov 7	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	Jan 16, 2018
Nov 13	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	December 5

<i>Manhattan location: 80 Maiden Lane, 9th Floor, New York, NY 10038</i>		
Start Date	Days of Week/Schedule	End Date (Final exam)
Mar 4	Saturday Only (9:00 AM-5:30 PM)	June 17
Mar 13	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	March 31
Mar 20	Mon/Tues/Thurs (6:30PM-9:30PM)	June 12
Apr 24	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	May 12
May 22	Mon/Tues/Thurs (6:30PM-9:30PM)	Aug 14
June 5	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	June 23
July 24	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	August 11
SOLD OUT		
July 31	Mon/Tues/Thurs (6:30PM-9:30PM)	October 19
Sept 5 (Tues)	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	September 26
Oct 2	Mon/Tues/Thurs (6:30PM-9:30PM)	December 19
Oct 23	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	November 10
Nov 13	Mon/Tues/Thurs (6:30PM-9:30PM)	February 8, 2018
Dec 4	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	December 22

**ALL CLASSES ARE SUBJECT TO MINIMUM REGISTRATION & INCLUDE A \$55 NON-REFUNDABLE REGISTRATION FEE **



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General Insurance Registration Form

POHS ASSURANCE POLICY

Pohs assures you the opportunity to return for training for up to 12 months from the start of class at no additional tuition to any student who has completed their financial obligation.

FAX FORM TO: 516-997-5446 OR SCAN AND EMAIL TO REGISTRATION@POHSINSTITUTE.COM

Date of Course: _____ Course: _____ Location: _____

Last Name: _____ First Name: _____ Initial: _____

Home Address: _____ Apt/Suite#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Employed By: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ E-Mail: _____

Occupation: _____

Please check all that apply:	
<input type="checkbox"/>	Class Tuition (includes text)..... \$819
<input type="checkbox"/>	Shipping/Handling (UPS Ground)..... \$16
Ship to:	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> I'll Pick Up
TOTAL: \$ _____	
Payment Type:	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> AMEX	<input type="checkbox"/> CHECK
CREDIT CARD # _____	EXP. DATE: _____
	SECURITY CODE: _____
BILLING ADDRESS:	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other _____
*CHECK # _____ (books cannot be shipped until check clears)	

*IN THE EVENT OF A RETURNED CHECK A \$35 PENALTY WILL BE IMPOSED AND NO FURTHER CHECKS WILL BE ACCEPTED.

POHS RESERVES THE RIGHT TO CANCEL CLASSES DUE TO INSUFFICIENT REGISTRATION. IN THE EVENT OF A CANCELLED CLASS, ALL TUITION WILL BE RETURNED IN FULL. STUDENTS WHO DO NOT RE-SCHEDULE A CLASS PRIOR TO THEIR ORIGINAL CLASS START DATE WILL BE SUBJECT TO A \$25 RESCHEDULING FEE PAYABLE AT TIME OF RESCHEDULING. PROPERTY & CASUALTY INCLUDES A \$55 NON-REFUNDABLE REGISTRATION FEE.

I understand and agree to all of the stated conditions:

Signature: _____ Date: _____