



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)
2020 SCHEDULE

TUITION - \$839 (INCLUDES TEXTBOOKS)

****Minimum Deposit \$350.00****

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 \$18 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.

ONLINE PRACTICE EXAMS SPECIAL PACKAGE

Receive the popular Online Practice Exam Access
for only \$40.00* (regularly \$49.95) plus sales tax

Online access purchased **any time after** time of enrollment will be subject to full \$49.95 price.



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<i>Westbury, L.I. location: 1400 Old Country Road, Westbury, NY 11590</i>		
Start Date	Days of Week/Schedule	End Date (Final exam)
Jan 6, 2020	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	January 27
Jan 28	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	March 26
Feb 18 (Tues)	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	March 9
Mar 30	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	April 17
Mar 31	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	June 4
May 11	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	June 1
June 22	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	July 13
Aug 3	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	August 21
Sept 8	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	November 10
Sept 14	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	October 5
Oct 26	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	Nov 13
Nov 17	Tues/Thurs (6:30-9:30 PM)/Sat (9:00 AM-3:30 PM)	January 30, 2021

<i>Manhattan location: 80 Maiden Lane, 9th Floor, New York, NY 10038</i>		
Start Date	Days of Week/Schedule	End Date (Final exam)
Nov 18, 2019	Mon/Tues/Thurs (6:30PM-9:30PM)	February 24, 2020
Jan 27	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	February 14
Feb 24	Mon/Tues/Thurs (6:30PM-9:30PM)	May 12
Mar 9	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	March 27
Apr 20	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	May 8
May 18	Mon/Tues/Thurs (6:30PM-9:30PM)	August 4
June 1	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	June 19
July 13	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	July 31
Aug 24	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	Sept 14
Sept 8 (Tues)	Mon/Tues/Thurs (6:30PM-9:30PM)	Nov 30
Oct 5	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	October 23
Nov 30	THREE WEEK ALL DAY COURSE (MON-FRI 9:00AM-5:00PM)	December 8

**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).....	\$839
<input type="checkbox"/> Shipping/Handling (UPS Ground).....	\$18
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: _____
BILLING ADDRESS: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other _____	SECURITY CODE: _____
*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: _____